CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14 Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07507

CERTIFICATE OF DEATH.

124 E 07507

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Healey

(a) RESIDENCE NO. 517 W. Saratoga ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER Cornelius Healy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Delady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Miriam Healey

(Address) 517 W. Saratoga

15 Filed FEB 21 1926 19 H.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-9, 1926, to 2-20, 1926,

that I last saw h alive on 2-20, 1926,

and that death occurred, on the date stated above, at 12 55 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate

Chronic Nephritis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-12-26.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Francis Kelly M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 2/22/26

20 UNDERTAKER Hope C. Farley Sulton & Fayette

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07508

CERTIFICATE OF DEATH.

49 E 07508

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Manchester St. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Baum Hergel

(a) RESIDENCE NO. 2917 Manchester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr R. T. Hergel.

6 DATE OF BIRTH (month, day, and year): Mar 31st 1897

7 AGE: Years 28 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lock Haven, Pa.

PARENTS

10 NAME OF FATHER: Mr Frank B. Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lock Haven Pa

12 MAIDEN NAME OF MOTHER: Miss L. Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lock Haven Pa

14 Informant: Rudolph J. Hergel

(Address) 2917 Manchester St

15 Filed FEB 21 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1926 to Feb 18 1926, that I last saw her alive on Feb 18 1926, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Melanotic Sarcoma

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 1924 Date of? Excision of breast

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C. Manning M. D.

2-18 1926 (Address) 418 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Park Cem

DATE OF BURIAL: 2-22 1926

UNDERTAKER: Geo A Carley

ADDRESS: Fulton & Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07509

CERTIFICATE OF DEATH.

10-1-001 E 07509

1-PLACE OF DEATH

City of BALTIMORE: (No. 101 N. Hilton St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett Webb

(a) Residence No. 101 N. Hilton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Webb

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 10 01

(b) General nature of Industry, business, or establishment in which employed (or employer) domestic

(c) Name of employer

9-BIRTHPLACE (city or town) Howard Co. (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Janey Webb Smith

(Address) 1011 S. Hilton St.,

15- Filed 192 Registrar.

FEB 21 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-17-26

17- I HEREBY CERTIFY, That I attended deceased from 2-4- , 1926 to 2-17 1926, that I last saw h alive on 2-17 , 1926 and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Fatty Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/17, 1926 (Address) 609 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, National Cemetery

DATE OF BURIAL, Feb. 22, 1926

20-UNDERTAKER, Mrs. Katie R. Williams

ADDRESS 222 N. Schroeder St

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07510

CERTIFICATE OF DEATH.

129 E 07510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jones.

(a) RESIDENCE NO. 906 Sarah Ann ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 65yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: George Gasker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Smoake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Baltimore City Hospitals Records

15 Filed FEB 21 1926 19 JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1926 to Feb. 17 1926, that I last saw h[illegible] alive on Feb. 17 1926 and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Lindsay Fuller, M. D.

2/19 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Feb. 21, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07511

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 07511

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Walbrook Ave ST., 15-11 WARD)

2-FULL NAME Mrs Mary L. Hayden

(a) RESIDENCE No. 1800 Walbrook Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. A. M. Hayden

6 DATE OF BIRTH (month, day, and year): March 26 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md.

PARENTS

10 NAME OF ~~Father~~ Mother: Virgilla Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co. Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Mrs Emma Hayden

(Address): 1800 Walbrook av.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 20, 1926,

that I last saw h[illegible] alive on July 19, 1926

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Failing heart action

2 Hypostatic Pneumonia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Acute Bronchitis, wks

old Chronic Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Conversation

(Signed) C. Hampson Jones, M. D.

2/20 1926 (Address) 1605 N North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hollywood St Marys Co Md.

DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 N Eutaw St

Filed FEB 21 1926, 19

C. HAMPSON JONES, M. D. Registrar

For RK

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07512

100-001

E 07512

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2581 W. Fayette St. (St.) 70-3 (Ward)

2-FULL NAME Pat Lerine Streper

(a) RESIDENCE NO. 2581 W. Fayette ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Streper.

6 DATE OF BIRTH (month, day, and year) unknown 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Anthony Daugherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant P. H. Cannon

(Address) 2581 W. Fayette St.

Filed FEB 21 1926, 19 ... Registrar H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/14/26, 19 ... to 2/19/26. ... 19 ...

that I last saw her alive on 2/19/26, 19 ...

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(duration) yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of ------

Was there an autopsy? No.

What test confirmed diagnosis? ----------

(Signed) George L. Dreane M. D.

2/20/26 (Address) 1610 Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Feb. 23 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

CAUSE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 07513

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 W. Fayette St. ST. 18-2 WARD)

2-FULL NAME Lydia M. Eckels

(a) RESIDENCE NO. 1031 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Eckels

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	75	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pensylvania

PARENTS

10 NAME OF FATHER Nathanel Eckels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pensylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) 1031 W. Fayette Street.

15 Filed FEB 21 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1926, to 2/19/26, 19, that I last saw h[illegible] alive on 2/19/26, 19, and that death occurred, on the date stated above, at 12.15 Am.

The CAUSE OF DEATH* was as follows:

Chr Hypertension

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Ferry, M. D.

2/20, 19 26 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetary

DATE OF BURIAL Feb. 22 19 26

20 UNDERTAKER Joseph B. Cook

ADDRESS 1009 W. Balto

H. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07514

CERTIFICATE OF DEATH.

101-001 E 07514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Shuote

(a) RESIDENCE NO. 858 St. Peter ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 5 1860

7 AGE: Years: about 65 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter & Jobber

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Shuote

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah A. Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant (Address): Baltimore City Hospitals Records

15 Filed FEB 21 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21 1925 to Feb. 20 1926, that I last saw him alive on Feb. 20 1926 and that death occurred, on the date stated above, at 6:25 A m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller. D. M. D.

2/25 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: Joseph B Cook ADDRESS: 1529 W Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07515

CERTIFICATE OF DEATH.

37-001 E 07515

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 E Edmonson Ave ST. 26-1 WARD)

2-FULL NAME Katherine Schwartz

(a) RESIDENCE NO. 4015 E Edmonson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Apr 13th 1897

7 AGE: Years 28 Months 10 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Frank Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Clara Speick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs Clara Schwartz

(Address) 4015 E Edmonson Ave

15 Filed FEB 21 1926 J. THAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry. 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1926 to Feb 19 1926.

that I last saw h-lt alive on Feb 18 1926,

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Ulcus Colitis and Peritonitis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George H Weaver, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Febry 22 1926

20 UNDERTAKER: Geo. F. George & Son.

ADDRESS: 901 Hollins Ave

Per F. J. Cowan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07516

CERTIFICATE OF DEATH.

129 E 07516

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3216 Piedmont Ave. ST. 15-5 WARD)

2-FULL NAME John Miller Cameron

(a) RESIDENCE NO. 3216 Piedmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arilla Cameron (deceased)

6 DATE OF BIRTH (month, day, and year) Oct. 26 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman & Manager

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Lead Corporation.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Camden, New Jersey.

PARENTS

10 NAME OF FATHER Alexander Cameron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

14 Informant: Howard R. Cameron

(Address): Upper Darby Pa.

15 Filed FEB 21 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4 1925 19 to Feb. 20 1926 19

that I last saw him alive on Sept. 19 19 25.

and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Glomerulo-Nephritis

(duration) 2 yrs. X mos X ds.

CONTRIBUTORY (Secondary) Acute Uremic vomiting & Dilatation of heart

(duration) 3 yrs mos Broncho

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E. Lewis, M. D.

2/20 19 26 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa.

DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: W M Routson

ADDRESS: 2238 N 9th

N. B.—MARK PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07517 129 E 07517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Mosher St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Wheatley

(a) RESIDENCE NO. 632 Mosher ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Wheatley

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 52. Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset Co Md

PARENTS

10 NAME OF FATHER: George Hooton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriett Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John Wheatley (Address) 632 Mosher St

15 Filed FEB 21 1926, 19 Registrar C. HAMPSON JONES, M. D. Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 18, 1926,

that I last saw her alive on Feb 18, 1926

and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, (Apoplexy)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertension + Nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. P. Hughes, M. D.

, 19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mayon Hartsomen Co Md DATE OF BURIAL 2 W 26

20 UNDERTAKER: Daniel Heneberry ADDRESS 578 N Eiddle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07518

CERTIFICATE OF DEATH.

10-001 E 07518

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Cornell St. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Bell.

(a) RESIDENCE NO. 608 Cornell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bell

6 DATE OF BIRTH (month, day, and year) ——— 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

PARENTS

10 NAME OF FATHER Shadrach Coles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co Virginia

12 MAIDEN NAME OF MOTHER Sallie Corbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co Virginia

14 Informant Warner Moore (Address) 739 Vine St.

15 Filed FEB 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/1926

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 1926, to 2/18, 1926.

that I last saw h alive on 2/18, 1926

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) David Frankenburg M. D.

2/19, 1926 (Address) 132 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Feb 21 1926

UNDERTAKER Wm. L. & H. Hoppe ADDRESS 456 W. Lanvale St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07519

CERTIFICATE OF DEATH.

90 E 07519
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital St. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Perry Meredith

(a) RESIDENCE NO. 1118 Russell St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs 10 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm. Meredith

6 DATE OF BIRTH (month, day, and year): Mar 20 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Not Specific

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Charles Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Friend
(Address)

15 Filed: 1 1 1926 .19. G. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 .19 26. to Feb 19 .19 26.
That I last saw him alive on Feb. 19 .19 26.
and that death occurred, on the date stated above, at 4:12 p m.
The CAUSE OF DEATH* was as follows:
Cardiac decompensation,

(duration) yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary): Mitral insufficiency.
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Kent C. Hammond, M. D.

.19 (Address) Md. Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wm Curtis Canby

DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Benj. Geo. H. Hooper

ADDRESS: 406 W. Fayette St

FEB 21 1926

Please write plainly, with engraving ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07520

CERTIFICATE OF DEATH

90 E 07520

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1205 Central Ave (Street) 10-2 (Ward)

2-FULL NAME John G. Huber Jr.

(a) RESIDENCE NO. 1205 Central Ave (Street) WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 27. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Cutting

(b) General nature of industry, business, or establishment in which employed (or employer) Trimmer

(c) Name of employer Government

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John G. Huber Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Dunbeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph Huber Brother

(Address) 1205 Central Ave

15 Filed FEB 21 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 20th, 1925 to Feb 19th, 1926

that I last saw living on Feby 18th, 1926

and that death occurred, on the date stated above, at 8 p m

The CAUSE OF DEATH* was as follows:

Senile Pulmonic Arterial Valve

(duration) yrs 6 mos ds

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs 7 mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Tilden, M. D.

Feb 20th, 1926 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb. 22 1926

20 UNDERTAKER: Edward W. Conklin — ADDRESS: 1242 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07521

CERTIFICATE OF DEATH.

1/E 07521

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 N. Luzerne Ave St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Patrick Mickell

(a) Residence No. 6 N Luzerne Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) March 17-1899

7-AGE 26 yrs. 11 mos. 2 ds. If LESS than 1 day ....hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist (21)

(b) General nature of Industry, business, or establishment in which employed (or employer) Bilbetham

(c) Name of employer Meier & S.

9-BIRTHPLACE (city or town) (State or Country) Balto

PARENTS.

10-NAME OF FATHER, Stephen B. Mickell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Sarah Nihill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Scotland

14- (Informant) Mrs Stephen B Mickell

(Address) 6 N Luzerne

15-

Filed. 192

C. HAMPSON JONES, M. D. Registrar.

FEB 21 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 19-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1926 to Feb 19 1926

that I last saw h[illegible] alive on Feb 19 1926

and that death occurred, on the date stated above, at 11.5 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Levy M. D.

2/19 1926 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Cathedral Lon

DATE OF BURIAL 2/24/ 1926

20-UNDERTAKER J. A. Moran

ADDRESS 390 E Baltimore

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07522

CERTIFICATE OF DEATH.

26-1 49

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 4405 Greenland Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Elizabeth Manger

(a) Residence No. 4405 Greenland Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Late George M. Manger

6-DATE OF BIRTH (month, day and year) Sept 17. 1867

7-AGE, 58 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). D. C.

PARENTS.

10-NAME OF FATHER. Christopher Kueny

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Switzerland

12-MAIDEN NAME OF MOTHER. Margaret Shire

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Unknown

11- (Informant) Mrs. Alta M. Raab

(Address) 4405 Greenland

15- Filed 1926 12- Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 18-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1926 to Feb 18 1926

that I last saw h[illegible] alive on Feb 18 1926

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

about

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder

about 6

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Tibbett M. D.

Feb 20 26 19 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Forest Park

DATE OF BURIAL. Feb 22 19 26

20-UNDERTAKER. Harry L. Pilzke

ADDRESS 3307 Gimbel St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 21 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07523

CERTIFICATE OF DEATH.

90 E 07523

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hospital ST. 22-6 WARD)

2-FULL NAME Mrs Annie W. Reinhart

(a) RESIDENCE No. 216 Schenley Rd ST., WARD
(Usual place of abode) Govans Park
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David J. Reinhart M.D.

6 DATE OF BIRTH (month, day, and year) March 12 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER James W Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Israel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs E. R. Skalski
(Address) 216 Schenley Road

15 Filed FEB 21 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926, to Feb 19 1926, that I last saw her alive on Feb. 19, 1926, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Kent C. Hammond, M. D.

, 19 (Address) Md Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feby 22 1926

UNDERTAKER Chas. S. Black

ADDRESS 742 W. North ave

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07524

101-001 E 07524

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Foster Avenue St. 1-2 WARD)

2-FULL NAME Joseph. Majchrzak

(a) RESIDENCE NO. 2518 Foster Avenue ST., WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19/26

17

I HEREBY CERTIFY, That I attended deceased from 2/1 .19 26 to 2/19 .19 26

that I last saw h alive on 2-17 .19 26

and that death occurred, on the date stated above, at 330 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Daniel A Daniel M. D.

.19 26 (Address) 5326 Cedar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Mrs. Simon . Korduszewska

(Address) 2518 Foster Avenue

15 Filed FEB 21 1926 .19 C. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem.

DATE OF BURIAL Feb 22 1926

20 UNDERTAKER John M Weber

ADDRESS 1803 Bank

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07525

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100 E 07525

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Fell Street ST. 2-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina. Struzykowska

(a) RESIDENCE NO. 929 Fell Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17th. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph . Struzykowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Casimiera . Zych

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Casimiera . Struzykowska

(Address): 929 Fell Street

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/26

17 I HEREBY CERTIFY, That I attended deceased from 2-14 .1926. to 2-20 .1926.

that I last saw h[illegible] alive on 2-20 .1926

and that death occurred, on the date stated above, at 430 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms

(Signed) Harold F. Smith M. D.

. 1926 (Address) 928 Fell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. Feb

DATE OF BURIAL: 22 1926

20 UNDERTAKER: John McVeber

ADDRESS: 1803 Bank

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 21 1926

C. HAMILTON JONES, M. D.

FEB

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07526 X 179 E 07526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mir Hosp. ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ruth D. Lawder

(a) RESIDENCE NO. Ellicott City Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day and year) April 10, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	4	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Ernest DeLawder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bertie Custer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Ernest DeLawder
(Address) Ellicott City Md

15 Filed ... 192 C. HAMPSON JONES, M. D.
Registrar
Per

B 21526

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Multiple Burns -

(duration) yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

(Signed) G. A. Hales, M. D.
(Coroner)
Feb 21 192 (Address) 243 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broadway Virginia — DATE OF BURIAL Feb. 23 1926

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07527

74-001 E 07527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5215 Lundun Hyts ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Abner Foote

(a) RESIDENCE No. 5215 Lundun Hyts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Foote

6 DATE OF BIRTH (month, day, and year): Aug 5 1845

7 AGE — Years: 80 — Months: 4 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mariner Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Portland Mayne

PARENTS

10 NAME OF FATHER: Abner Foote

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portland Mayne

12 MAIDEN NAME OF MOTHER: Ellen Burr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Portland Mayne

14 Informant: E Foote

(Address): 3 W Caudrn St

Filed FEB 22 1926 Registrar RK

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17/26 19 , to Feb 20/26 19 ,

that I last saw h— alive on Feb 19/26 19

and that death occurred, on the date stated above, at 8 o. a m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. 6 hours mos. ds.

CONTRIBUTORY (Secondary) Hyp Blood Pressure

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M. D.

(Address) 120 E Lft St

Feb 21/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feby 22 1926

20 UNDERTAKER: Wm P Summerfield Sons

ADDRESS: Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 07528

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 E. North Ave. E-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Jenkins.

(a) RESIDENCE NO. 1633 E. North Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — none.

6 DATE OF BIRTH (month, day, and year) 11-7-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Instruction of music

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank T. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Mary L. Duff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant (Address) J W Jenkins 1633 E. North Ave

15 Filed FEB 22 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1926 to Feb-18 - 1926.

that I last saw her alive on Feb 18 - 1926

and that death occurred, on the date stated above, at 2-20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No X Ray -

What test confirmed diagnosis? Sputum Examination

(Signed) E. Gill Hall, M. D.

Feb 20 1926 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cath. Cem DATE OF BURIAL 2/24/26

20 UNDERTAKER Geo. J. Kuth ADDRESS 1736 Hughes

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07529

CERTIFICATE OF DEATH.

101-001 E 07529

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1404 ~~&~~ Eutaw Place ST. 14-2 WARD)

2-FULL NAME Agnes Revell Hammill

(a) RESIDENCE NO. 1404 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward S Hammill

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE: Years 48; Months —; Days —; If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) C. C. Co Md

PARENTS

10 NAME OF FATHER Dr H. T Revell

11 BIRTHPLACE OF FATHER (city or town) (State or country) C. C. Co Md

12 MAIDEN NAME OF MOTHER Rhoda H. Chairs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) C. C. Co. Md

14 Informant Mr C. S Hammill

(Address) 1404 Eutaw Place

15 Filed FEB 22 1926 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 14, 1926, to Feby 19, 1926,

that I last saw her alive on Feby 19, 1926,

and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Meningitis - Meningococcus -

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Infection in nose & throat.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal puncture

(Signed) Dorsey Dr Carley, M. D.

2-10, 1926 (Address) 31 W Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2-22 1926

20 UNDERTAKER: Heuisler Jenkins & Sons Co

ADDRESS: No Eutaw Street

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07530

CERTIFICATE OF DEATH.

11-002

E 07530

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1613 N. [redacted] St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthais Cha[redacted] Simon

(a) RESIDENCE NO. 1613 N. Eden St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) November 4 - 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Max Simon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria Hungary

12 MAIDEN NAME OF MOTHER Blanche Clark

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland U.S.

14 Informant Max Simon

(Address) 1613 N. Eden St

15 Filed ..... 19 ..... Registrar

(C. THOMPSON JONES, M. D.)

FEB 22 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage
Convulsions before death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (secondary) Dentition & possibly Influenza

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

2/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 2 22 1926

20 UNDERTAKER Henry R Eckroad ADDRESS 2419 Aisquith St

tion should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Exact very important. See instructions on back of certificate.

y item of informa- should state CAUSE OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07531

CERTIFICATE OF DEATH.

90 E 07531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 926 N. Lexington ST. 18-1 WARD)

2-FULL NAME Henrietta Hoey

(a) RESIDENCE NO. 926 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hoey

6 DATE OF BIRTH (month, day, and year): July 24 = 1851

7 AGE: Years 74 Months 6 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Charles F. Hoey

(Address): 810 Wood Lakewood

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 = 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 27 . 19 25 . to Feby 20 . 19 26 .

that I last saw h[illegible] alive on Feby 20 . 19 26 ,

and that death occurred, on the date stated above, at 1157 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): General Anasarca

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) J. F. Lacy M. D.

. 19 (Address) 933 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mathews Odonnells — DATE OF BURIAL: 2/23/26

20 UNDERTAKER: Geo Weber & Son — ADDRESS: 2503 Eastmonday

Mention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

E 07532 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07532

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2609 Overland ave ST., (9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Louise Hoffman

(a) RESIDENCE NO. 2609 Overland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 14 1921

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Geo. W. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City Md

12 MAIDEN NAME OF MOTHER Wm. Edna Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Geo. W. Hoffman 2609 Overland ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1926 to Feb 20 1926, that I last saw her alive on Feb 20 1926, and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M.D.

(Address) 2350 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 2/23/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 3 E Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HAMPSON JONES M.D.

FEB 22 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07533 — 90 E 07533

1-PLACE OF DEATH — CITY OF BALTIMORE (No.) 934 Woodland Ave near York Road (St.) — (Ward) 27-6

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Oliver Wands

(a) RESIDENCE NO. 934 (Usual place of abode) Woodland Ave near York Road (St.) — (Ward)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida May Wands

6 DATE OF BIRTH (month, day, and year): Apr 10 1893

7 AGE — Years: 32 — Months: 10 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaning Department

(c) Name of employer: Balto City Md

9 BIRTHPLACE (city or town) (State or country): —

PARENTS

10 NAME OF FATHER: Alexander Wands

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Stella Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Ida May Wands

(Address): 934 Woodland ave near York Road

15 Filed FEB 22 1926 C. HAMPSON JONES, M. D. Registrar

Per R L

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Feby 15" 19 26 to Feby 20 19 26, that I last saw him alive on Feby 19" 19 26 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) a few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis about

(duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. R. Divoll, M. D.

Feby 22 19 26 (Address) 1817 N Dulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 2/23/26

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Elmendorf

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07534

CERTIFICATE OF DEATH.

84 E 07534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2322 Edmondson ST., 16-5 WARD)

2-FULL NAME Charles Clayton Cassell

(a) RESIDENCE NO. 2322 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Cassell

6 DATE OF BIRTH (month, day, and year) Sept 12-1846

7 AGE Years	Months	Days	11 LESS than 1 day, hrs. or min.
79	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer E. B. Young

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry P. Cassell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Margaret A. Cassell

(Address) 2322 Edmondson

Filed FEB 2 1926, 19

Per RK Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 1924, 19 29, to Feb. 20, 19 26,

that I last saw h alive on Feb. 20, 19 26,

and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Disease.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) "General Debility"

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos N Phillips, M. D.

, 19 (Address) 2801 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 2/22/26

20 UNDERTAKER Sm. Weber & Son — ADDRESS 2503 Edmondson Ave

FEB 22 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07535 E 07535

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 North Eutaw St. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Jung

(a) RESIDENCE NO. 605 North Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Katherine Jung

6 DATE OF BIRTH (month, day, and year) May 28/1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Taylor

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward E. F. Jung

(Address) 472 Bennington Waverly N. G.

15 Filed FEB 22 1926, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Febry 14, 1926, to Febry 19, 1926, that I last saw h[illegible] alive on Febry 19, 1926, and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon M. D.

Feb. 19 1926 (Address) 700 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 2/22/26

20 UNDERTAKER Jno. N. Bruce & Son — ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07536

CERTIFICATE OF DEATH.

179 E 07536

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 Clinton St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Miller

(a) RESIDENCE NO. 720 E Clinton St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Miller

6 DATE OF BIRTH (month, day, and year): Dec 1854

7 AGE: Years 75 Months 2 Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) _____

(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Germany

14 Informant: Anna M. Schmidt

(Address): 720 E Clinton

15 Filed _____ 19__ (Hamilton Jones M.D.) Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Cerebral Hemorrhage

Contributory Senility

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) Bronco Pneumonia

(duration) ____ yrs. ____ mos. 3 ds.

(Signed) Jno M Fulton M. D.

(Coroner)

Feb 19 26 (Address) 100 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem — Date of Burial: Feb 22 1926

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S. Wolfe St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32

Spec.—1-10-21—M&T—1500 Bks.

E 07537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 07537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 614 E 28th St ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anna May Hadley

(a) RESIDENCE NO. 614 E 28th St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day and year): August 5th 1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Walter C. Hadley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Thorndale Pa

12 MAIDEN NAME OF MOTHER: Mary Jo Kuenmerle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Walter Hadley

(Address): 614 E. 28th St.

15 Filed: FEB 22 1926 By G. HAMPSON JONES, M. D. Registrar

Per K.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): February 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1926, to Feb 19th, 1926, that I last saw him alive on Feb 19th, 1926, and that death occurred, on the date stated above, at 2.55 P m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia.

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Hampson Jones M. D.

2/19/26 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: Feb. 22 1926

20 UNDERTAKER: George L. Schwab ADDRESS: 401 Fidk. Ave.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07538

CERTIFICATE OF DEATH.

24 E 07538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Fillmore.

(a) RESIDENCE NO. 2705 Hampden ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): single

9a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 26 - 1913

7 AGE: Years 12 Months 7 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Elijah Fillmore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Willie Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Parents.

(Address): 2705 Hampden ave

15 Filed . 19 Per Registrar

C. HAMPSON JONES, M. D.

BE 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 21, 1926, that I last saw her alive on Feb 21, 1926, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Meningitis, meningococic.

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal puncture.

(Signed) B L Jackson, M. D.

2/21/26 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savage Md DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: Cohen Lowitt & Son ADDRESS: 3617 Chestnut Ave

Attend should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07539

CERTIFICATE OF DEATH.

100-001 E 07520

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Balto Gen. Hospital

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St. 11-1 WARD)

2-FULL NAME Richard Noggam

(a) RESIDENCE No. 1103 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 1894

7 AGE: Years 32 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gloucester Co Va.

PARENTS

10 NAME OF FATHER: Chas Noggam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Co Va

12 MAIDEN NAME OF MOTHER: Loretta Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gloucester Co Va

14 Informant: Mrs A Smith

(Address) 469 Swartz Ave Govans

15 Filed FEB 22 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to Feb 19, 1926, that I last saw h[illegible] alive on Feb. 19, 1926, and that death occurred, on the date stated above, at 8: P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary): acute Dilatation of Heart.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) R. Farber, M. D.

2/20, 1926. (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Va Gloucester Va

DATE OF BURIAL: 2/27 1926

20 UNDERTAKER: Jesse L. Priestley

ADDRESS 678 W Cradle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

187977 Reg. E 07540

57 E 07540

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanch Murdock

(a) RESIDENCE NO. 605 S. Robinson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Murdock

6 DATE OF BIRTH (month, day, and year) Sept 5 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	53	5	16	

8 OCCUPATION OF DEDUCED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Balduin

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Rose Bellis

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 27 1926, 19 RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan, 9, 1926, to Feb 21, 1926.

that I last saw her alive on Feb 21, 1926.

and that death occurred, on the date stated above, at 2-25 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 10 yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

Multiple Abscess in Migration yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 3, 1926

Was there an autopsy? yes

What test confirmed diagnosis? Blood tests & urine tests

(Signed) Ralph T. Bowers, M. D.

, 19 (Address) John Hops Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL Feb 24 1926

20 UNDERTAKER H. Sander Sons Inc ADDRESS 17 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 27 1926 HAMPSON JONES, M. D.

Spec. 1-10-21—M&T—1500 Blks.

E 07541 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07541

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Alice Anna ST 7-3 WARD)

2-FULL NAME Svens Olsson

(a) RESIDENCE No. 1907 Alice Anna ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Olsson

6 DATE OF BIRTH (month, day, and year) Dec 5. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	70	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurateur

(b) General nature of industry, business, or establishment in which employed (or employer) O&H

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Tillie Olsson

(Address) 1907 Alice Anna St.

Filed FEB 22 1926 C. HAMPSON JONES, M. D.

By RR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 20, 1926, that I last saw him alive on Feb 20, 1926, and that death occurred, on the date stated above, at 3 50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophic Nephritis
acute Regurgitation & Carcinoma Stomach

(duration) yrs. mos 18+ ds.

CONTRIBUTORY (Secondary) Arthritis & Senile failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Harry W Dorsey, M. D.

2/21. 1926 (Address) 1623 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Feb 23 1926

20 UNDERTAKER R. Lander Sons Inc

ADDRESS 1710 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07542

CERTIFICATE OF DEATH.

89

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 S. Robinson ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Lines

(a) RESIDENCE NO. 238 S. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Lines

6 DATE OF BIRTH (month, day, and year): June 23, 1860

7 AGE: Years 65 Months 7 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mariner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Eastern Transportation Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Lines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie E. Battenfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Carrie Lines

(Address): 238 S. Robinson St

15 Filed ..... 19 ..... Registrar

CHAMPION JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Feb 19, 1926, that I last saw h[illegible]alive on Feb 18, 1926, and that death occurred, on the date stated above, at 4 A(m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

To my knowledge

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart findings.

(Signed) [illegible] M. D.

2/2 19 (Address) 301 S Elliott Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: L. Sanders Sons Inc. — ADDRESS: 1710 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 2 2 1926

Ref. KK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07543

E 07543

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Penna. Ave. (Street) (WARD)

2-FULL NAME Bertha Cook

(a) RESIDENCE NO. 1509 Penna. Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced (or) WIFE of Herman Cook

6 DATE OF BIRTH (month, day, and year) May 31, 1857

7 AGE Years 68 Months 8 Days 20 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer's

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo. Schmitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Ott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida Cook (Address) 1509 Penna. Ave

15 Filed FEB 24 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feby 20, 1926, that I last saw h-e alive on Feby 20, 1926, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

(Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Feb 23 1926

20 UNDERTAKER E. D. Ehlen & Sons

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

E 07544

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-001

E 07544

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 N. Luzerne St. (Ward) 63

2-FULL NAME John Edward Mc Colgan

(a) RESIDENCE No. 201 N. Luzerne Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Peto Mc Colgan

6 DATE OF BIRTH (month, day, and year): Feb 18 1869

7 AGE: Years 57 Months — Days 1 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): Lawyer

(c) Name of employer

042

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Patrick Mc Colgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Lyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant (Address): Mary Peto Mc Colgan 201 N. Luzerne Ave

15 Filed FEB 22 1926 19 C. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1926 to Feb 19 1926.

that I last saw him alive on Feb 19 1926.

and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

Arterial Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

Contributory Edema 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. Keyser M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2/23-26

20 UNDERTAKER: Chas R. Traud Hon

ADDRESS: 118 W. Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07545

CERTIFICATE OF DEATH. 11-001

E 07545

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 542 N. Luzerne ST., 7-2 WARD)

2-FULL NAME Melvin C. Meyer

(a) RESIDENCE NO. 542 N. Luzerne ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W. C.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Nora Kirkwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. John Meyer
(Address) 542 N. Luzerne

Filed FEB 22 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-26

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 1926 to 2-21, 1926 that I last saw h[illegible] alive on 2-21, 1926 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Lagrippe

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 600 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 23 1926

20 UNDERTAKER: J. J. Herald — ADDRESS: 156 N. Luzerne

Spec.—1 10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07546 124 E 07546

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH East Baltimore County Hosp

CITY OF BALTIMORE: (NO.) ST. 16-5 (WARD)

2-FULL NAME William Gaugler

(a) RESIDENCE NO. 800 N. Fulton ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 27 Feb. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 162

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER John Gaugler

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Mary E. Robb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash. D.C.

14 Informant Mrs. Carrie Gaugler
(Address) 800 N. Fulton Ave

15 Filed FEB 27 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-11, 19 26, to 2-19, 19 26

that I last saw him alive on 2-19, 19 26

and that death occurred, on the date stated above, at 10:40 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis
Cholelithiasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-13-26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Sands, M. D.

19 (Address) W. B. & H. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Redeemer — DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: Jos. L. Kerr — ADDRESS: 156 N. Eutaw

C. HAMPSON JONES, M.D.

B 2 2 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 07547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 07547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Madeira St. 6-2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kaufman

(Residence in Baltimore: No. ; St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 20, 1926.
(Month) (Day) (Year)

7-AGE, yrs. mos. da. If LESS than 1 day, 7 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Harry Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Emma Adams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Kaufman

(Address) 14 N. Madeira St.

15- Feb. 22 1926, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I saw h— alive on 191—, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth
of about 7 mo.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Paul Vogel M. D.

2/21, 1926 (Address) 1401 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, Feb. 22, 1926

20-UNDERTAKER J. J. Hill — ADDRESS 156 N. Eutaw

Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 401 Belvidere Ave St., 15th Ward)

Registered No. 90 E 07548

(If death occurred in a hospital or institution, give its NAME instead o street and number.)

2-FULL NAME. Clara Newman Wilson

(a) Residence No. 401 Belvidere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen R. Wilson

6-DATE OF BIRTH (month, day and year): Jan 10-1841

7-AGE: 85 yrs. 1 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town). (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Thomas Newman

11-BIRTHPLACE OF FATHER (city or town). (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Stall

13-BIRTHPLACE OF MOTHER (city or town). (State or Country): Md.

14- (Informant): Miss Clara Wilson
(Address): 401 Belvidere Ave.

Filed FEB 22 1926, 192

A Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 19/26

17- I HEREBY CERTIFY, That I attended deceased from 1-31, 1926 to 2-19, 1926

that I last saw h[illegible] alive on 2-19, 1926

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Influenza lasting for 15 days
Cerebro Bronchial pneumonia
Contributed Causing death in 3 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Mitral regurgitation
(Duration) 1 day yrs. mos. ds.

18-Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Henry Cahill M. D.

2-20, 1926 (Address) 6902 Greenland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb 22 1926

20-UNDERTAKER: Hughes & Jones Inc

ADDRESS: 420 N. Broadway

If plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07549

CERTIFICATE OF DEATH. 7/4-001 E 07549

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 Light St. (WARD) 22-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis T. Crockett

(a) RESIDENCE NO. 707 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah R. Crockett

6 DATE OF BIRTH (month, day, and year): November 2 1841

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mariner

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Josiah Crockett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza Malone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Sarah R. Crockett (Address) 707 Light St.

15 Filed FEB 27 19 26 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30th 1925 to Feb 20th 1926.

that I last saw him alive on Feb 19th 1926.

and that death occurred, on the date stated above, at 12.35 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) — yrs. 2 mos 30 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Meibel M. D.

2/27 1926 Address 1124 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07550 CERTIFICATE OF DEATH. 74-001 E 07550

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 215 E. Int Royal Hotel (St.) (Ward)

2-FULL NAME Mary Alice Lord

(a) RESIDENCE No. 215 E Int Royal ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry E Lord

6 DATE OF BIRTH (month, day, and year): June 28 1848

7 AGE: Years 77 Months 7 Days 23 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at her home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Nashville Tenn

PARENTS

10 NAME OF FATHER: James H Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Emma A. Hartley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mrs William C Lord Glenburnie md

Filed FEB 22 1926, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1918 to Feb 20 1926, that I last saw h[illegible] alive on Feb 20 1926, and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia
(Cerebral Haemorrhage).

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pulmonary Congestion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wylie av. Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: FEB 22 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07551

CERTIFICATE OF DEATH.

100-001

E 07551

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Johnson

(a) RESIDENCE NO. Sparrows Pt Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elsie Johnson

6 DATE OF BIRTH (month, day, and year) Mar 11 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Effie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Bethlehem Steel Co (Address) Sparrows Pt Md

15 Filed FEB 22 1926 H. HAMPSON JONES, M. D. Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/26 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 20, 1926, that I last saw h alive on Feb 20, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 (P) ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) John W. Gaines, M. D.

, 19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burkeville Cottaway Co Va — DATE OF BURIAL Feb 22 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07552

101-00 E 07552

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH South Baltimore Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. ST.) 22-E WARD)

2-FULL NAME Mrs. Georgia M Crockett

(a) RESIDENCE NO. 211 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J. Crockett

6 DATE OF BIRTH (month, day, and year) Aug 12 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	26.	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House - wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Helvina Street

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Francis J. Crockett

(Address) 211 E. Montgomery St

15 Filed ..... 19... Registrar

221326

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17

I HEREBY CERTIFY, That I attended deceased from February 4, 1926, to February 21, 1926, that I last saw h[illegible] alive on February 21, 1926, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Phys Exam

(Signed) Jas. W. Nelson M. D.

, 19 (Address) South Baltimore Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 25 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07553

CERTIFICATE OF DEATH.

90 E 07553

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (St.) 6-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Leibowitz

(a) RESIDENCE NO. 131 N. Ann Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Leibowitz

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Laib Katz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac Leibowitz
(Address) 131 N. Ann St., (Husband)

Filed FEB 22 1926 C. HAMPSON JONES, M. D. Registrar

per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Infarction

Pulmonary Odema & Emphysema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pollitzer M. D.
(Coroner.)

2/22/26 1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Nov 1926

20 UNDERTAKER Jack Levin — ADDRESS 1439 E. Eager St

Note—It is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 07554 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07554

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 862 W. Baltimore St. 18-2 WARD)

2-FULL NAME Martha Eisner.

(a) RESIDENCE NO. 862 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (Husband) of (or) WIFE of Meyer Eisner. (H)

6 DATE OF BIRTH (month, day, and year): April 1, 1871

7 AGE: Years 54 | Months 10 | Days 20 | If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Leningrad Russia.

PARENTS

10 NAME OF FATHER: Abraham Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Leningrad Russia.

12 MAIDEN NAME OF MOTHER: Sarah Savage

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Leningrad Russia.

14 Informant: Isaac U. Savage (Brother)

(Address) 295 Calverton Road

15 Filed FEB 22 1926, 19 HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 10, 1926 to Feby 20 1926.

that I last saw h[illegible] alive on Feby 20 1926.

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Indefinite (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) associated with aortic stenosis

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? place of death.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinary analysis

(Signed) Harry H. Arthur, M. D.

, 19 (Address) 3908 Hillsdale Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Jack Lewis & Co. — ADDRESS: Walbert

B 22 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07555

CERTIFICATE OF DEATH.

7H-001E 07555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 St. Mathews. St. 5-1 WARD)

2-FULL NAME Charles Henry Cheesman,

(a) RESIDENCE NO. 1221 St. Mathews ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Harriett Cheesman

6 DATE OF BIRTH (month, day, and year): Mar. 31-1861

7 AGE: Years 65 | Months 10 | Days 18 19 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 014

(c) Name of employer: Unknown.

9 BIRTHPLACE (city or town) (State or country): Delanco, N. J.

PARENTS

10 NAME OF FATHER: Wm H. Cheesman.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Morristown N. J.

12 MAIDEN NAME OF MOTHER: Sarah A. Bright.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Morristown N. J.

14 Informant (Address): Mrs. H. Cheesman (Wife) 1221 St Mathews St

15 Filed FEB 22 1926, 19 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Feb. 19, 1926,

that I last saw him alive on Feb. 19, 1926,

and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt T. Turner, M. D.

2-22, 1926 (Address) 120 Airgood St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb. 22 1926

20 UNDERTAKER: Robt T. Turner Inc.

ADDRESS: 1742 N. Broadway

B 2 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07556

CERTIFICATE OF DEATH.

100-001 E 07556

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar A. Jones

(a) RESIDENCE NO. 2863 W. Lanvale St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Jones

6 DATE OF BIRTH (month, day, and year) May 19 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work worked with A. & P. Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Eva Jones (wife)

(Address) 2863 W. Lanvale St.

15 Filed ..., 19 ... Registrar

B22 1926 KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17, 19 26 to Feb 20, 19 26,

that I last saw h im alive on Feb 20, 19 26

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Alcoholic Psychosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Howard Kretschmer M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ford Lawn — DATE OF BURIAL Feb 23 1926

20 UNDERTAKER Wm Cook — ADDRESS 1428 Lombard

C. HAMPSON JONES, M. D.

IMPORTANT See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Bright

HEALTH DEPARTMENT—CITY OF BALTIMORE

07557

CERTIFICATE OF DEATH.

44 E 07557

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 114 West Belvedere Ave ST. 27-2 WARD)

2-FULL NAME Thomas Howard Bright

(a) RESIDENCE NO. 114 W. Belvedere Ave. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5 If married, widowed, or divorced HUSBAND of ~~(or) Wife of~~ Anna Boyce Bright

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stonemason

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country): Upper Winterton Md.

PARENTS

10 NAME OF FATHER: Richard Henry Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country): London England.

12 MAIDEN NAME OF MOTHER: Lucy Pascoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Upper Md.

14 Informant (Address): Mrs. T. Howard Bright 114 W. Belvedere Ave

15 Filed Feb 22, 1926 Registrar: P.S.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1924 to Feb. 20, 1926 that I last saw h[illegible] alive on Feb. 11, 1926 and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 114 W. Belvedere Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No usual tests

(Signed) Richard H. Morgan M. D.

No. 19 26 (Address) 6 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 1022 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 22 1926

HAMSON JONES, INC.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1879 5th Ward. 45 E 07558

E 07558

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 14-2 WARD)

2-FULL NAME George Almstead

(a) RESIDENCE NO. 1912 N. Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Almstead

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of Industry, business, or establishment in which employed (or employer) Sugar Refinery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Almstead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ill.

12 MAIDEN NAME OF MOTHER Catherine Forest.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 22 1926

16 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8 , 1926. to Feb. 21, 1926.

that I last saw her alive on Feb 21 , 1926.

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma rectum.

(duration) 0 yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of { Jan. 16 '26 / Feb 27 '26

Was there an autopsy? Yes.

What test confirmed diagnosis? Micro sections.

(Signed) Eleanor Jones, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Feb 24 1926

20 UNDERTAKER Wm Cook — ADDRESS 532 E Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-28—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07559

CERTIFICATE OF DEATH.

188-002 E 07559

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mun Hosp. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Sellman

(a) RESIDENCE NO. 926 East Boulevard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Sellman

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
about 64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Kennedy Iron Foundry

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Sellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Hagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Frank Daugherty
(Address) 2514 Calvert & Irvington

15 Filed FEB 22 1926, 192 Registrar

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident
Fracture of ribs - Left Femur
(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. 1 ds.

(Signed) G. Hales, M. D.
(Coroner)
2/10/26, 192 (Address) 1436 Druid Pk

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Feb 22 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 Cathedral

Duplicate is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07560

CERTIFICATE OF DEATH.

179

E 07560

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1814 E. North Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Theresa French

(a) RESIDENCE NO. 1814 E. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander F. French

6 DATE OF BIRTH (month, day, and year) May -1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	9	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Washington S. Watts

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Moles

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Alexander F. French

(Address) 1814 E. North Ave

15 Filed 19 C. Hampson Jones, M. D.

FEB 22 1926 KK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Extensive burns left shoulder, arm & side. Accidental. Clothing caught fire while raking furnace on Dec 19

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes.

(Duration) 3 yrs. mos. ds.

(Signed) J. H. Cook, M. D.

(Coroner)

2/20/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Parkwood Date of Burial Feb 22 1926

20 UNDERTAKER J. H. Cook ADDRESS 502 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07561 E 07561

CERTIFICATE OF DEATH. 74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 820 N. Central Ave (St.) 10-2 (Ward)

2-FULL NAME Anna. E. Schneider

(a) RESIDENCE NO. 820 N. Central Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 14 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John. L. Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary D. Brunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss. Catherine Schneider

(Address) 820 N. Central Ave

15 Filed FEB 22 1926 19 Registrar R. H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febuary 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15th 1926 to Feb 21st 1926, that I last saw her alive on Feb. 20 — 1926, and that death occurred, on the date stated above, at 5. 40 A. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Apoplexy 3 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. H. Hampson Jones, M. D.

(Address) 3005 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Febuary 24 1926

20 UNDERTAKER: Henry Storch Son — ADDRESS: 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07562

CERTIFICATE OF DEATH.

105 E 07562

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 Sterling ST., 10 WARD)

2-FULL NAME Katharina Schmeffer

(a) RESIDENCE NO. 924 Sterling ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Geo Schmeffer.

6 DATE OF BIRTH (month, day, and year) Feb. 25 1859

7 AGE: Years 86 Months 2 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Buell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Andrew Schmeffer

(Address) 924 Sterling St

15 Filed Feb 22 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1. 1926 to Febr. 20. 1926.

that I last saw her alive on Febr 20. 1926.

and that death occurred, on the date stated above, at 3 52 P m.

The CAUSE OF DEATH* was as follows:

Senile debility

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Asthma (bronchial)

(duration) 2 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) H. J. Sebold M. D.

, 19 (Address) 1001 Hollyrith Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb. 24 19 26

20 UNDERTAKER: Henry Storch Son — ADDRESS: 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07563

CERTIFICATE OF DEATH.

101-001 E 07563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Eshland Ave ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Elgert

(a) RESIDENCE NO. 2307 Eshland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: George H. Elgert.

6 DATE OF BIRTH (month, day, and year): Jan. 12, 1838

7 AGE: Years 88 Months 1 Days 9 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Saxon Coburg Germany

PARENTS

10 NAME OF FATHER: Karl Ettlicher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Miller

(Address): 2307 Eshland Ave

15 Filed ....., 19.....

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926. to Feb. 21, 1926.

that I last saw h17 alive on Feb. 20, 1926

and that death occurred, on the date stated above, at 12 05 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Emmett T. Joska M. D.

, 19 (Address) 345 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 2/23 1926

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07564

CERTIFICATE OF DEATH.

31C E 07564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N Fulton Ave ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amos W Hager

(a) RESIDENCE No. 1513 N Fulton Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. 7 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hager

6 DATE OF BIRTH (month, day, and year) July 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
58	59	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John T Hager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Gower

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary E Hager

(Address) 1513 N Fulton Ave

Filed FEB 2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per EK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-1- 1925 to 2-20 1926.

that I last saw h— alive on 2-19 1926.

and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) W. D. Bryant M. D.

1926 (Address) 1878 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetery 2nd

DATE OF BURIAL Feb 23 1926

20 UNDERTAKER Josiah Syfer

ADDRESS 1600 W North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07565

CERTIFICATE OF DEATH.

57 E 07565

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Forrest Park Ave. ST. 15-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hyman Wolbarsht

(a) RESIDENCE No. 3708 Forrest Park Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 57 Months 5 Days 12

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing Mfg.,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis

(Address): 1439 E. Balto. St.,

15 Filed 2 2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 - 21 - 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 20. 1917. to Feby 21st. 1926.

that I last saw h living on Feby 21st. 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus - Arterio sclerosis - (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger M. D.

, 19 (Address) 207 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern ard

DATE OF BURIAL: 2/22 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07566 100-00 E 07566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: 637 Cider Alley, Baltimore, Md.

CITY OF BALTIMORE: (No.) 637 Cider Alley (St.) 4-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: George Hoover

(a) RESIDENCE NO. 637 Cider Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: annie Hoover

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE — Years: 65 yrs | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimd

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Annie Hoover 637 Cider Alley

15 Filed ..... 19..... Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926 to Feb. 18, 1926, that I last saw him alive on Feb. 18, 1926 and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary): Nephritis Don't know

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L White, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt [illegible] cemetery — DATE OF BURIAL: 2, 22, 1926

20 UNDERTAKER: Mrs Geo H Hooper — ADDRESS 406 W Conway St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1921 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07567

CERTIFICATE OF DEATH.

1892 12 129

E 07567

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST. 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Colyte

(a) RESIDENCE NO. 222 Ridgewood St. Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Col	Widowed.

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary White

6 DATE OF BIRTH (month, day, and year) ? 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 21 1926 HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18 1926, to Feb 21st 1926, that I last saw h[illegible]ive on Feb 21st 1926, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

chronic nephritis c
myocardial insufficiency
by pulmonary edema, uremia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) E. Eowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 2/23/1926

20 UNDERTAKER Mrs. Geo. R. Holland — ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07568

CERTIFICATE OF DEATH.

38 E 07568

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Redwood ST. H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME alfred Knight

(a) RESIDENCE NO. 630 Redwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ada Knight

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 44 Months Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: emma marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: ada Knight

(Address): 630 redwood st.

15 Filed FEB 22 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925 to Feb. 19 1926 that I last saw him alive on Feb. 19 1926 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Asthma Hypertrophy + Chronic Nephritis (duration) yrs. 7 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Wassermans Test (+)

(Signed) Dr. G. W. Kennard M. D.

(Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ~~Druid~~ Woodlawn Cem. DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: Edward Bryan ADDRESS: 691 Orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07569

CERTIFICATE OF DEATH.

129 ~ E 07569

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 N. Monroe ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Hurley

(a) RESIDENCE No. 713 N. Monroe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Lilly Hurley

6 DATE OF BIRTH (month, day, and year) Feb 24 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector of Police

(b) General nature of Industry, business, or establishment in which employed (or employer) Police Department

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Stephen Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lilly Hurley

(Address) 713 N. Monroe St

15 Filed 2 21326, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926.

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Feb. 20, 1926, that I last saw him alive on Feb. 19, 1926 and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
& cardiac degeneration

(duration) yrs. 11 mos — ds.

CONTRIBUTORY (Secondary) Arterio sclerosis. —

(duration) 3 or 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Renal.

(Signed) M B Burnam Stood, M. D.

2/22, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 23 1926

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

FOR A VERY important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07570

CERTIFICATE OF DEATH.

74-001 E 07570

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2223 Henneman Ave St. 8-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dimpert

(a) RESIDENCE NO. 2223 Henneman Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: wjite

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Christina Dimpert

6 DATE OF BIRTH (month, day, and year): June 11/1857

7 AGE: Years 69 Months 8 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Austria-Hungaria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant Catherine Dimpert

(Address) 2223 Henneman Ave

15 Filed FEB 2 2 1926 HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy -(2nd stroke)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: Feb 23 1926

20 UNDERTAKER: Richard F Cuskey ADDRESS: 1214 Wash St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 07571 HEALTH DEPARTMENT—CITY OF BALTIMORE

38 ~ E 07571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 W. Lexington St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Artis

(a) RESIDENCE NO. 1523 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter Artis

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 50; Months ✓; Days ✓; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington N. C

PARENTS

10 NAME OF FATHER Aaron Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newbern N. C.

12 MAIDEN NAME OF MOTHER Ella Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Beaufort N. C

14 Informant Charles Fulcher (Address) Bellefonte Pa

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

FEB 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Feb 19, 1926

that I last saw h[illegible] alive on Feb 19, 1926

and that death occurred, on the date stated above, at 11 a m

The CAUSE OF DEATH* was as follows:

Syphilitic Heart disease (Endocarditis + aortitis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Microscopic findings

(Signed) M. A. Jacobs, M. D.

Feb 19 1926 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion Cem. DATE OF BURIAL: Feb. 22 1926

20 UNDERTAKER: Adolph Wulfsted ADDRESS: 90 E Eutaw St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07572

CERTIFICATE OF DEATH.

89 E 07572

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1817 E. 29th St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME W. Walter Chester

(a) RESIDENCE NO. 1817 E. 29th St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20/1876

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or....min.
	49	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm. H. Chester

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sarah E. Sprowl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Blanche H Chester

(Address) 1817 E 29th ST

Filed FEB 2 1926 19

Per RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Angina Pectoris for some time)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Paleer M. D.

(Coroner)

2/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Jan 24 1926

20 UNDERTAKER Bruce Schilling & Sons ADDRESS 1126 Monument st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07573

CERTIFICATE OF DEATH.

129 v E 07573

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 E Biddle ST. 6-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kiel

(a) RESIDENCE No. 1831 E Biddle ST., E WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year) Sept 17 1850

7 AGE: 76 Years | Months 5 | Days 9 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: William Boellinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Boellinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs G C Kiel

(Address) 1841 N Regester

15 Filed 2 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926.

17 I HEREBY CERTIFY, That I attended deceased from January 30 1926. to February 20 1926. that I last saw her alive on February 19 1926. and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis x Tuberculosis

Disease of Heart

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchitis (acute)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas J Dimmes, M. D.

19 (Address) 1425 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: Geo M Finkelston

ADDRESS: 1411 Wolfe

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07574

CERTIFICATE OF DEATH.

90 E 07574

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Paca ST. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Alexander Marshall

(a) RESIDENCE No. 320 S. Paca ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 0 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 75 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Alexander Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant: Miss Elizabeth Warner (Address) 320 S. Paca

15 Filed FEB 21 1920, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21 19 20

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 19 20, to Feb. 21, 19 20,

that I last saw him alive on Feb. 21, 19 20,

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Decompensation - emphysema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V. Bucheneau, M. D.

19 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 25 19 20

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2173 E. Pratt

C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07575

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S Kenwood St. 12th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Krauss

(a) RESIDENCE NO. 523 S. Kenwood St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 68	0	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber & baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER John. Krauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Uhlmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mary L. Krauss 2217 Ashland

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

FEB 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to Feb 22, 1926, that I last saw h[illegible] alive on Feb 22, 1926, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.
acute dilatation of heart.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E A Kwiatowski, M. D.

, 19 (Address) 921 S Ellwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Jas Joesdens Son

ADDRESS: 217 S. Pca

TION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07576

CERTIFICATE OF DEATH.

57 E 07576

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2543 Guilford Ave. ST. 17-U WARD)

2-FULL NAME Elizabeth Davis

(a) RESIDENCE. No. 2543 Guilford Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: William F. Davis

6 DATE OF BIRTH (month, day, and year): Nov. 13/1858

7 AGE — Years: 67. Months: 3. Days: 8. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Frederick Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Dankenbor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Fannie Elingan
(Address) 2543 Guilford ave.

15 Date received 19 C. HAMPSON JONES, M. D. Registrar
2 22 1926 Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to July 21, 1926, that I last saw h[er] alive on July 21, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Carbuncle

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory findings

(Signed) H. A. Davis, M. D.

7/21, 1926 (Address) 3101 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas' Cemetery 2nd Garrison Forest Balto Co

DATE OF BURIAL: 2/23/26

20 UNDERTAKER: J. Walter Davis

ADDRESS: 3307 Paine St

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07577 99-001 E 07577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 6000 Bellona ave ST. 17-3 WARD)

2-FULL NAME Laura V. Gale

(a) RESIDENCE No. 3031 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. H. Gale

6 DATE OF BIRTH (month, day, and year): Aug 26. 1832

7 AGE — Years: 93 — Months: 5 — Days: 25 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob Frush

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Carsandra Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary V. Hollford

(Address): 3031 St. Paul St.

15 Filed: 2-24-1926 19 Per: [illegible] Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1926, to Feby. 20, 1926, that I last saw her alive on Feby 20, 1926, and that death occurred, on the date stated above, at 6 05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 7 mos 2 ds.

CONTRIBUTORY (Secondary): Senile Arteio Sclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical sign no

(Signed) Dr. Wilson Porter M. D.

2/21, 1926 (Address) 422 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — DATE OF BURIAL: Feby 23 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Lesbya R. Young.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07578 E 07578

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No.) West Baltimore General Hospital ST., (WARD) 15-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs George Lesbya Rhoda Young

(a) RESIDENCE NO. 2913 Clifton Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mr. George Russell Young

6 DATE OF BIRTH (month, day, and year): Oct 18, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
♀	22	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Wilbur Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Lesbya Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somerset Co, Md

14 Informant: Mr George Wilbur Barry

(Address) 2913 Clifton Ave.

15 Filed: B 23 1926

G. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 22, 1926,

that I last saw her alive on Feb 22, 1926,

and that death occurred, on the date stated above, at 2.07 P m.

The CAUSE OF DEATH* was as follows:

Eclampsia Gravidarum

~~Streptococcus Septicemia~~

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Streptococcus Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 17 1926

Was there an autopsy? no

What test confirmed diagnosis? Blood examination Culture

(Signed) Geo Dillup, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 2-24 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins Sts

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07579

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 07579

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Emerson St., 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annette Louise Altvater

(a) RESIDENCE NO. 2515 Emerson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 5-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Claude M. Altvater

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Marion N. Saunders

13 BIRTHPLACE OF MOTHER (city or town) Fleeton (State or country) Va.

14 Informant Marion N. Altvater

(Address) 2515 Emerson St

15 Filed Feb 23, 1926 C. HAMPSON JONES, M. D. Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 21, 1926, that I last saw h[illegible] alive on Feb 21, 1926, and that death occurred, on the date stated above, at 10:50 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Riland, M. D.

2-21, 1926 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL FEB 25 1926

20 UNDERTAKER ROBERT. BROOKS & SON

ADDRESS Calhoun & Hollins Sts

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 07580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-002 E 07580

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Calhoun ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Georgs Wells

(a) RESIDENCE NO. 120 S Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Mary E. Wells

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer) R & O R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co Md (State or country)

PARENTS

10 NAME OF FATHER Jacob R. Wells

11 BIRTHPLACE OF FATHER (city or town) Eng (State or country)

12 MAIDEN NAME OF MOTHER Temperance Downey

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Mary E Wells (Address) 120 S Calhoun St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

B 23 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20-1926

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1924, to Feb 20th, 1926, that I last saw him alive on Feb. 19th, 1926 and that death occurred, on the date stated above, at 12 35 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 1 yrs. 7 mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. J. Smith, M. D.

Feb 27 1926 (Address) 118 N Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL 2-23 1926

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun Hollins sts

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07581 — 12 E 07581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Annunah ave ST., 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Maria Stube

(a) RESIDENCE NO. 2413 Annunah ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Daniel Stube

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or estal lishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mollie Stube (Address) 2413 Annunah

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 21 1926.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1926, to Feb. 21, 1926, that I last saw h[illegible] alive on Feb. 20, 1926, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Interstitial nephritis & arterio sclerosis (duration) 5 or 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia

(Signed) M Bowman Stovall, M. D.

2/22, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: 2-24 1926

20 UNDERTAKER: Robt D Brooks & Son — ADDRESS: Calhoun Italian

Spec.—1-10-21—M&T—1500 Bks.

Fitzsimmons

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07582

E 07582

CERTIFICATE OF DEATH.

47 Chambers

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 784 N Hamburg ST. 21-3 WARD)

2-FULL NAME John J Fitzsimmons

(a) RESIDENCE NO. 784 N Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Fitzsimmons

6 DATE OF BIRTH (month, day, and year) April 4 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Deputy Sheriff

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Christopher Fitzsimmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Catherine Fitzsimmons

(Address) 784 N. Hamburg St

15 Filed FEB 23 1926 19 R.H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Feb. 18 1926,

that I last saw him alive on Feb. 18, 1926,

and that death occurred, on the date stated above, at 6.25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma Lungs

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1915

Was there an autopsy? no

What test confirmed diagnosis? clin. Exam.

(Signed) Allen S Kinsolving, M. D.

, 19 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 2-23 1926

20 UNDERTAKER: James Dignan & Son — ADDRESS: 1000 Place St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07583

CERTIFICATE OF DEATH.

9 E 07583

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1831 Lemmon St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Purkington

(a) RESIDENCE No. 1831 Lemmon St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Wht. 5 Single, Married, Widowed, or Divorced, (Write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Parkington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Margaret Hymon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mrs. Margaret Parkington 1831 Lemmon St.

15 Filed FEB 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Feb 22, 1926, that I last saw her alive on Feb 22, 1926, and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Mal Nutrition

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Chas A Schaefer, M. D.

, 19 (Address) 53 S. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt. Lloyd Cemetery DATE OF BURIAL Feb. 23 1926

20 UNDERTAKER George L. Schmat. ADDRESS 1210 Fulton Ave.

SEE ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E7584 E7584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E7584 49 F 07584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Nanticoke ST. 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F Schaffer

(a) RESIDENCE No. 1133 Nanticoke ST. 21 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schaffer

6 DATE OF BIRTH (month, day, and year) June 5 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER John Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Anna Schaffer

(Address) 1133 Nanticoke

15 Filed 19 Registrar

B 23 1926 PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feb 3 , 1926 , to Feb 20 , 19 26 ,

that I last saw him alive on Feb 19 , 19 26 ,

and that death occurred, on the date stated above at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 1926

Was there an autopsy? No Hopkins

What test confirmed diagnosis?

(Signed) Edw Schneider, M. D.

22. 1926 (Address) 517 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 23 1926

20 UNDERTAKER George J Smith

ADDRESS 153 Hollins

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07585

CERTIFICATE OF DEATH.

124 E 07585

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 17-3 WARD)

2-FULL NAME Clifton Colson

(a) RESIDENCE NO. 821 Bradley St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE Colored.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE Years 19 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

10 NAME OF FATHER Frank Colson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Clara Milton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Eliza Colson

(Address) 821 Bradley St

15 Filed 2 23 1926, 19 Per C. HAMPSON EVANS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-12-, 1926, to 2-22-, 1926, that I last saw h[illegible] alive on 2-22-, 1926, and that death occurred, on the date stated above, at 3 45 a. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis.

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

Duration 2 days (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes. What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. F. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Feb 25/1926

20 UNDERTAKER David Carlin

ADDRESS Balto

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 07586

1 PLACE OF DEATH

CERTIFICATE OF DEATH.

E 07586

Registered No.

City of BALTIMORE: (No. 754 Waccabee St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wellston L. Queen

(a) Residence No. 754 Wachabe St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: col

5-Single, Married, Widowed, or Divorced: (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7-13-18

7-AGE: yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Balto (State or Country) Md

PARENTS.

10-NAME OF FATHER, Tyre E Queen

11-BIRTHPLACE OF FATHER (city or town) Anne Arundel Co. (State or Country)

12-MAIDEN NAME OF MOTHER, Lillie Deale

13-BIRTHPLACE OF MOTHER (city or town) Va (State or Country)

14- (Informant) Lottie Queen

(Address) 754 Wachabe St

15- Filed 2 3 1926 19 C. HAMPSON JONES, M. D. Registrar. By K K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-21-26

17- I HEREBY CERTIFY, That I attended deceased from 2-19, 1926 to 2-21, 1926

that I last saw him alive on 2-19, 1926

and that death occurred, on the date stated above, at 11:50 a m

The CAUSE OF DEATH* was as follows:

Pneumonia

Broncho pneumonia

(Duration) yrs. mos. 5 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) L. L. Easton, M. D.

2/21, 19 26 (Address) 1700 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb. 23/1926

20-UNDERTAKER: Wand L Easton — ADDRESS: Balto

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07587

CERTIFICATE OF DEATH.

24 E 07587

REGISTERED NO. 1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 N. Mount St (St.) (Ward) 16-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jackson

(a) RESIDENCE NO. 722 N. Mount St (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE — Years: 67 — Months: — — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or Country): Washington D. C.

10 NAME OF FATHER: Wash Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12 MAIDEN NAME OF MOTHER: Robbie Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or Country): Good Shaver

PARENTS

14 Informant: Harriett Ridgley (Address) 24 N. Mount St.

15 Filed FEB 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-19, 1926, to 2-21-, 1926, that I last saw her alive on 2-21-, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. L. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: David Carson Sons

ADDRESS: 916

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07588

CERTIFICATE OF DEATH.

90 E 07588

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 738 N. Lexington ST. 14-1 WARD)

2-FULL NAME Thomas H. Simpson

(a) RESIDENCE NO. 738 N. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie E Simpson

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Loudon Co Va.

PARENTS

10 NAME OF FATHER Benn W Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Loudon Co Va.

12 MAIDEN NAME OF MOTHER Elizabeth Gross.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Loudon Co Va.

14 Informant (Address) Townsend Simpson 704 Arlington Ave Govans

15 Filed FEB 29 1926 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones, M. D.

(Coroner) 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brunswick, Md

DATE OF BURIAL Feb 29 1926

20 UNDERTAKER Zirkle & Zirkle

ADDRESS 1739 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07589

181-201

E 07589

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 48 Albemarle St. 21 Ward)

2-FULL NAME Nicola Zatrone

(a) RESIDENCE NO. 48 Albemarle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~number~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: about 40 yrs. | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer): 25

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Italy

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country)

14 Informant Frank Zatrone

(Address) 114 Lloyd St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Complications of Arteriosclerosis & Chronic Nephritis of [illegible] duration

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

2-24 19 26 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent's Cemetery Date of Burial Feb 23 1926

20 UNDERTAKER: Richard F. Curley ADDRESS 1621 Aisquith St.

very important. See instructions on back of certificate.

Spec. — 1-10-21 — M&T — 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07590 E 07590

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2664 Fredrick Rd ST., 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Viola Bowers

(a) RESIDENCE NO. 2664 Fredrick Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17-1913.

7 AGE Years 12 Months 7 Days 3 4 If LESS than 1 day, hrs. or: min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Louistown (State or country) Md.

PARENTS

10 NAME OF FATHER Wilbert L Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ester Sunneyprod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wilbert L Bowers (Address) 2664 Fredrick Rd.

15 Filed FEB 23 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Feb 20, 1926, that I last saw h er alive on Feb 20, 19, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

Feb 22, 1926 (Address) 2687 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmont Md. DATE OF BURIAL 2/25/26

20 UNDERTAKER Hamilton ADDRESS 502 E Fort Ave

C. HARRISON JONES, M. D.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07591

E 07591

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt & Abernant ST., 5th WARD)

2-FULL NAME Jno. Dillinger

(a) RESIDENCE NO. 422 Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hagen

6 DATE OF BIRTH (month, day, and year) Nov 20 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mill worker
(b) General nature of industry, business, or establishment in which employed (or employer): Oat
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Berlin, Md.

PARENTS

10 NAME OF FATHER: Geo. Hagen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Eliz. Hagen 422 Front

Filed FEB 23 1926

15 HAMPSON JONES, M. D. Registrar

Per PK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to by death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) W. J. Kelly, M. D.

Feb 22, 1926 (Address) 1059 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07592

CERTIFICATE OF DEATH.

21 E 07592

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Washington Apts. ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Monroe Wheaton

(a) RESIDENCE NO. Washington Apts. ST., WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs 11 mos. 7 ds. How long in U. S., if of foreign birth? 68 yrs. 8 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A. Wheaton

6 DATE OF BIRTH (month, day, and year) May-30-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager of the

(b) General nature of industry, business, or establishment in which employed (or employer) Union Central Life

(c) Name of employer Insurance Company

9 BIRTHPLACE (city or town) Medina

(State or country) New York

PARENTS

10 NAME OF FATHER George Wheaton

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country) Michigan

12 MAIDEN NAME OF MOTHER Elizabeth Linfoot

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country) England

14 Informant Mrs. Anna A. Wheaton, (wife)

(Address) Washington Apts. City.

15 Filed 2 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1926, to Feb 22nd, 1926,

that I last saw h[illegible] alive on Feb 22nd, 1926,

and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Facial erysipelas

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & symptoms

(Signed) G. A. Shotwell, M. D.

Feb 27, 1926 (Address) 300 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL BEAVER FALLS, PENNA. DATE OF BURIAL Feby-23-26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS 103 W. NORTH AVE.

FROM 1 TO 14 inclusive. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 07593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07593

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2210 N. Calvert ST., 12-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma G. Lyon

(a) RESIDENCE NO. 2210 N. Calvert ST., WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver P. Lyon

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew J. Miller

11 BIRTHPLACE OF FATHER (city or town) East Berlin
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Harriet Spahr

13 BIRTHPLACE OF MOTHER (city or town) East Berlin
(State or country) Pa.

14 Informant Walter R. Lyon
(Address) 3300 Clifton Avenue

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

FEB 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1926, to Feb. 21, 1926, that I last saw h[illegible] alive on Feb. 21, 1926, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) .. yrs. 3+ mos. .. ds.

CONTRIBUTORY (Secondary) Hypertension - Arterio-Sclerosis

(duration) Unknown mos. .. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Exam. - Laboratory findings

(Signed) A. F. Robinson M.D.

2-22 1926 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	2/23 1926
20 UNDERTAKER	ADDRESS
Henry W. Means & Son	800 N Calvert St

FOR IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07594

CERTIFICATE OF DEATH.

1902 E 07594

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Baltimore St. 13-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Wolfe

(a) RESIDENCE NO. ~~2222~~ 2221 Whittier ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	28	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Unk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Abraham Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Brenner

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant L. Wolfe
(Address) 2221 Whittier ave

15 Filed FEB 23 1926 HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/ 1926

17 I HEREBY CERTIFY, That I attended deceased from ~~Feb 19~~ 1926, to Feb 22 1926.

that I last saw h alive on 11.0 a.m. Feb 22 1926

and that death occurred, on the date stated above, at 11.40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Pneumonia, Bronchr.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab Consid

(Signed) A. W. Lupes, M. D.

2/22, 1926 (Address) Hebrew Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Herring Run — DATE OF BURIAL Feb 23 26

20 UNDERTAKER A. J. Levinson & Bro — ADDRESS 1127 E Balto St

NOTE—It is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07595

CERTIFICATE OF DEATH.

E 07595

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hosp. ST. 3-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Poulter

(a) RESIDENCE No. Anchorage Hotel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? 3 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of V

6 DATE OF BIRTH (month, day, and year) Oct 9, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31	32	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer not given

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER James Poulter

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Edith Ellis d.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Self.
(Address)

15 Filed ....., 19 ..... Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to Feb. 22, 1926, that I last saw him alive on Feb. 22, 1926, and that death occurred, on the date stated above, at 11:05 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Influenza - Respiratory type

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) M. D.

2/23, 19 (Address) Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Cemetery — DATE OF BURIAL 2/23, 1926

20 UNDERTAKER for Grimes & Bro — ADDRESS 1127 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07596 CERTIFICATE OF DEATH. 31 **E 07596**

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital #1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St. 2-1 WARD)

2-FULL NAME Jacob Sorensen

(a) RESIDENCE No. 15 South Broadway ST., WARD
(Usual place of abode) Balt. Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 4 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S/S Columbore

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Christian Sorensen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Ustrumn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Ref
(Address)

15 Filed FEB 23 1926 HAMPSON JONES, M. D. Registrar
Per RSC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1926 to Feb. 20, 1926, that I last saw her alive on Feb 20, 1926, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary, Tuberculosis Active.

(duration) yrs. 7 mos — ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical Exam Lungs & Laboratory findings

(Signed) H. A. Gibbs, M. D.

19 (Address) U.S. Marine Hosp. #1 Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery — DATE OF BURIAL 2/23, 1926

20 UNDERTAKER Hal Linson & Bro — ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 07597 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Pressburt St., ST. 15-12 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Neistadt

(a) RESIDENCE No. 2002 Pressbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isidore Neistadt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis (Address): 1439 E. Balto. St.

15 Filed 2 31926 19 C. HAMPSON JONES, M. D. Per K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-22- 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 17th 1926 to Feb 21st 1926.

that I last saw him alive on Feb 21st 1926

and that death occurred, on the date stated above, at 1.17 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Pneumonia oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Maurice Rudnick M. D.

2/27 1926 (Address) 2328 Mad/ve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Harmony Cem

DATE OF BURIAL: 2/23 1926

20 UNDERTAKER: Jack Lewis 1439 E Balto St

ADDRESS

FOR EVERY important item: See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07598

CERTIFICATE OF DEATH.

18 E 07598

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1005 Lindenhall St. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Floyd.

(a) RESIDENCE. NO. 1005 Lindenhall ST., WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 70 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Dont know

(c) Name of employer: Dont know

9 BIRTHPLACE (city or town) (State or country): "Eastshore" Md

PARENTS

10 NAME OF FATHER: John Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastshore Md

12 MAIDEN NAME OF MOTHER: Maria Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dantons Md.

14 Informant (Address): Mrs Emma Fosters 1005 Lindenhall St

15 Filed 2 3 1926 17 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925 to Feb 23 1926, that I last saw h[illegible] alive on June 19 1925, and that death occurred, on the date stated above, at 11.37 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory Senility

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

Feb 20 1926 (Address) 1125 Bloom Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Ernest Pree

ADDRESS: 106 W Hamilton St

Spec.—1-10-21—M&T—150) Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07599

CERTIFICATE OF DEATH.

90 E 07599

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 707 Richmond ST. 11-W WARD)

2-FULL NAME Richard Johnson

(a) RESIDENCE NO. 707 Richmond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Johnson

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 56 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Expressman

(b) General nature of industry, business, or establishment in which employed (or employer): Wood Yard

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: R. R. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliz. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Eliza Johnson 707 Richmond

15 Filed [illegible], 19 [illegible] Registrar P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/20/26

17 I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1926 to 4/20/26 (date)

that I last saw living on 4/18/26, 19

and that death occurred, on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Hard work

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

4/20, 19 (Address) 712 Arch

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 4/23 19 26

20 UNDERTAKER: Samuel D. Hursley

ADDRESS: 1128 Bdle

Please fill in very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07600

CERTIFICATE OF DEATH.

91-002

E 07600
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 E Baltalon St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Goldstone

(a) Residence No. 1112 E Baltalon St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine G Goldstone

6-DATE OF BIRTH (month, day and year) Feb 23/1835

7-AGE. 87 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Phila. Pa

PARENTS.

10-NAME OF FATHER. Michael Goldstone

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Holland

12-MAIDEN NAME OF MOTHER. Katherine DeHaven

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Holland

14- (Informant) Mrs Chas Mees

(Address) Esplanade & Lafayette

Filed FEB 23 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 22/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926 to Feb 22, 1926

that I last saw him alive on Feb 1, 1926,

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Miles Wheeler M. D.

Feb 22 1926 (Address) 2429 N Monta ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Friendship Cemetery — DATE OF BURIAL. Feb 23/ 1926

20-UNDERTAKER. J Abrams & Co — ADDRESS 334 Lanv. Ave

Spec.—1-10-21—M&T—1500 Blks.

Stuemer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07601

CERTIFICATE OF DEATH.

E 07601

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST., 16-7 WARD)

2-FULL NAME William Harry Stumer

(a) RESIDENCE NO. 39 E. O'Donnell St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Herman Stumer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Petter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Herman Stumer

(Address) 39 E. O'Donnell

Filed FEB 23 1926 HAMPSON JONES, M. D. Registrar

per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Feb. 22, 1926, that I last saw h[illegible] alive on Feb. 22, 1926, and that death occurred, on the date stated above, at 9:15 p m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Myron S. Tull, M. D.

2/23 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents — DATE OF BURIAL: 2/23 1926

20 UNDERTAKER: Mendell Depp[illegible] — ADDRESS: 3[illegible] Mont

Spec.—1-10-21—M&T—1500 Bks.

E 07602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 **E 07602**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 37 ST. WARD)

2-FULL NAME John Curio (Curcio) 22 Miller

(a) RESIDENCE NO. 1129 E. Pratt ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 22 Miller ~~1862~~ 1867

7 AGE: Years 59 yr. ~~54 yr.~~ 22 Miller | Months 3 11/26 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Vender

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Baltimore City Hospitals Records

15 Filed FEB 23 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1926, to Feb. 20, 1926, that I last saw living on Feb. 20, 1926 and that death occurred, on the date stated above, at 7 P M

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) D. Lindsay Miller M. D.

2/22 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Mendell Deffaf-for | ADDRESS: 31 Mon St

FROM IS ANY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07603 REGISTERED NO. C E 07603

1-PLACE OF DEATH: Southern Hospital

CITY OF BALTIMORE: (No. 2520 Brunswick Ave St. 17-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mackrn

(Residence in Baltimore: No. 2520 Brunswick Ave St.; — yrs., — mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, September 30, 1843 (Month) (Day) (Year)

7-AGE, 82 yrs. 4 mos. 22 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Joshua Mackrn

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Catherine Haas

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. F. Marx

(Address) Norwood & Tioga Ave Howard Rd

15- FEB 3 1926

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 11 1926, to July 20 1926, that I saw him alive on July 20 1926, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. 1 mos. 9 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. unknown mos. da.

(Signed) H. H. Kayser M. D.

....., 191... (Address) 1709 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. 27 da. In the State 52 yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence Bebbville Wis.

19-PLACE OF BURIAL OR REMOVAL: Mt Olive Cemetery Balto County

DATE OF BURIAL: Feb. 23, 1926

20-UNDERTAKER: Robt. T. Turner Inc.

ADDRESS 1742 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07604

E 07604

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 W Lafayette Ave. WARD 12-1)

2-FULL NAME Minnie Predit

(a) RESIDENCE NO. 639 W Lafayette Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown 1863

7 AGE — Years: 63 — Months — Days — If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Eudie Peyton (Address) 639 W. Lafayette

15 Filed FEB 23 1926 C. HAMPSON JONES, M. D. Registrar Per E.E.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926 to Feb 20, 1926, that I last saw h or alive on Feb 20, 1926, and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(duration) .. yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos J Woodruff Jr. M. D.

2-22 1926 (Address) 703 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb. 23 1926

20 UNDERTAKER: Mrs. R.G. Elliott — ADDRESS: 1726 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07605

CERTIFICATE OF DEATH.

113

E 07605

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1401 Division ST. 141 WARD)

2-FULL NAME James Frederick Drexel

(a) RESIDENCE NO. St Vincents Infant Asyl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Walter Drexel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Margaret Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Margaret Drexel (Address) 501 S 16th

15 Filed . 19 . Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10 . 1926 . to Feb 21 . 1926 .

that I last saw him alive on Feb 21 . 1926 .

and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-pneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Celiac Disease

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Special examinations & clinical chart

(Signed) Albert Jaffe, M. D.

, 19 (Address) 208 E. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: Martin Fabey & Son — ADDRESS: 1847 Frontis Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07606

CERTIFICATE OF DEATH.

1826 E 07606

1-PLACE OF DEATH

REGISTERED NO. 2302

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin H. Travers.

(a) RESIDENCE NO. 1311 Marshall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Ftieda M. Travers.

6 DATE OF BIRTH (month, day, and year) March 11, 1899.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pipe fitter helper.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles B. Travers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Travers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware.

14 Informant Maude McCormick. (sister)
(Address) 928 Burgundy St.

15 Filed FEB 23 1926 (SAMPSON JONES, M. D.) Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol shot wound in the abdomen.
shot himself while unloding pistol
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)
Feb. 22, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
1311 Marshall st. Janu. 27, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 2/23/26

20 UNDERTAKER: E. J. Fannon & Son — ADDRESS: 1160 Battery Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07607

CERTIFICATE OF DEATH.

34 E 07607

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1301 Brunt ST., 17-1 WARD)

2-FULL NAME Raymond Washington

(a) RESIDENCE NO. 1301 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 17, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Va

PARENTS

10 NAME OF FATHER Martin Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lula. Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Martin Washington

(Address) 1301 N. Brunt St.

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Feb 19, 1926, that I last saw h[illegible] alive on Feb 18, 1926 and that death occurred, on the date stated above, at 6 8 m.

The CAUSE OF DEATH* was as follows:

Tubercular Disease

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. H. Hatcher, M. D.

Feb 19 1926 (Address) 1115 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 24 1926,

20 UNDERTAKER Mrs Jas. H. Dennis or T. E. Kelson

ADDRESS 1303 Pennsylvania

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 E 07608 DEATH

E 07608

REGISTERED NO. 11-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1630 N. Gilmor ST. 15-13 WARD)

2-FULL NAME William Burrell

(a) RESIDENCE No. 1630 W. Gilmor ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mall

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1920

7 AGE — Years: 5 — Months: 6 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ruby Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Ida Burrell 1630 N. Gilmor St.

15 Filed: B 23 1926 19 — Registrar: R K

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16th 1926, to Feb 19th 1926, that I last saw him alive on Feb 18th 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary): La-Grippe

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

2/24 1926 (Address) 1916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Feb, 23 1926,

20 UNDERTAKER: Mrs Jas. H. Dennis Per T. C. Kelson.

ADDRESS: 1303 Druidman St

Spec.—12-9-25—A Co.—200 Bks.

Charles Lloyd

HEALTH DEPARTMENT—CITY OF BALTIMORE

07609

100-001

CERTIFICATE OF DEATH.

E 07609

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 133 S. Fifth St. St., 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lloyd.

(a) RESIDENCE NO. 133 S. Fifth St. St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7-1925

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Falls

(State or country) Ind.

PARENTS

10 NAME OF FATHER Charles Lloyd.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ind.

12 MAIDEN NAME OF MOTHER Sophia Wolf.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ind.

14 Informant Chas. Lloyd, father

(Address) 133 S. 5th St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

B 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1926, to 2/20, 1926, that I last saw h[illegible] alive on 2/19, 1926 and that death occurred, on the date stated above, at 12:15 A. m.

The CAUSE OF DEATH* was as follows:

Pockets

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Wm. A. Garrett M. D.

2/23, 1926 (Address) 633-5-26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. Date of Burial Feb. 24th 1926

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

Very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-001

E 07610 **E 07610**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Struck.

(a) RESIDENCE NO. 502 N. Broadway (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1906

7 AGE — Years: 19 — Months: 10 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank A. Struck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Christopher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Anna Struck

(Address) 502 N Broadway

15 Filed FEB 23 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 21, 1926

that I last saw him alive on Feb 21, 1926

and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic myelogenous Leukemia.

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. & Clinical Tests

(Signed) Arthur A Cotes M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: Feb. 24 1926

20 UNDERTAKER: H. Howard Evans — ADDRESS: 338 E. Fort Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07611

CERTIFICATE OF DEATH.

E 07611

1-PLACE OF DEATH 6 W. Lee 27 162

CITY OF BALTIMORE: (No. 27-2 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lamm.

(a) RESIDENCE NO. 6 W Lee St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 21-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Walter Lamm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Addie Roach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Walter Lamm 6 W. Lee St.

15 Filed FEB 23 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1926, to Feb 22, 1926, that I last saw him alive on Feb 22, 1926 and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis.

1 day (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

2/22 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Feb 23 1926

20 UNDERTAKER: F. A. Schaumer & Son

ADDRESS: 703 Hanover St

Spec.—1 1921 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1902 E 07612

CERTIFICATE OF DEATH.

1012 E 07612

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 5-2 WARD)

2-FULL NAME Phillips Randall

(a) RESIDENCE NO. 1228 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) oct. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child. (00)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Winzler Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12th 1926. to Feb 21st 1926.

that I last saw h alive on Feb 21st 1926.

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

2 to

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander H Schaffer M. D.

, 19 (Address) Johns Hopkin Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL Feb 24 1926

20 UNDERTAKER Jno. T. H. Rochester ADDRESS 1413 Jefferson

JOHNS HOPKINS HOSPITAL G. HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 07613

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 07613

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Harview ave. St. 27-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Gallion

(a) RESIDENCE NO. 110 Harview ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~6~~ yrs 6 mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2. 1923

7 AGE: Years 2 | Months 3 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn Md.

PARENTS

10 NAME OF FATHER William W. Gallion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Marie Kunze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant: Wm. W. Gallion

(Address) 110 Harbrew ave.

15 Filed FEB 23 1926, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to Feb 20 1926, that I last saw her alive on Feb. 20, 1926 and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A M. Bacon, M. D.

2/21, 1926 (Address) Parkville. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Feb. 23 26

20 UNDERTAKER: Margaret A. Fegan — ADDRESS: 1422 Light

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07614

CERTIFICATE OF DEATH.

31 E 07614

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Light St. ST. 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John I. Dundon.

(a) RESIDENCE NO. 803 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced, HUSBAND of Ida L. Dundon.

6 DATE OF BIRTH (month, day, and year) June 4, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cigar manufacturer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 045

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Dundon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John M. Dundon. (son)
(Address) 803 Light St.

15 Filed FEB 23 1926 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febtuary 21, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

Feb. 22, 1926 (Address) 1517 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Feb. 23 1926

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Eutaw St.

Spec— 2-23-21—E.B.R.S.—400 Eas.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07615

CERTIFICATE OF DEATH.

74-001

E 07615

Registered No.

1-PLACE OF DEATH

City of BALTIMORE. (No. 1308 W. Lexington St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Clara E. Matthews

(a) Residence No. 1308 W. Lexington St., Ward.....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of): Thomas O Matthews

6-DATE OF BIRTH (month, day and year): Feb 22-1863

7-AGE: 61 yrs. 11 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Co

PARENTS.

10-NAME OF FATHER: Isaac Matthews

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Co.

12-MAIDEN NAME OF MOTHER: Ann M Price

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Co

11- (Informant): Thomas O'Neil

(Address): 1308 W. Lexington

13- Filed 2-23-26 19... C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 21-26

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13th. 1926 to Feb. 21st. 1926, that I last saw h.. alive on Feb. 21st, 1926, and that death occurred, on the date stated above, at 9.03 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral effusion causing hemiplegia of right side.

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? X

(Signed) Eleanor C. Price M. D.

2-22-1926 (Address) 1705 Park Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn Mausoleum — DATE OF BURIAL: Feb 24 1926

20-UNDERTAKER: W C Brooks — ADDRESS: Sparks Md

Spec.—6-3-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07616 E 07616

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3920 E. Pratt St. 76-2 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Notte.

(a) RESIDENCE. No. 3920 E Pratt St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 21-1911

7 AGE — Years: 14 — Months: 3 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at school

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Carmel Notte

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Margaret Mancuso

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Carmel Notte
(Address) 3920 E Pratt St

15 Filed . 19 Registrar

3326 C. HAMPSON JONES, M. D. Per RPA.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Febr. 1 . 1925 . to Febr. 22 . 1926 .

that I last saw h alive on Febr. 22 . 1926 .

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Antignani, M. D.

. 19 (Address) 2947 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem

DATE OF BURIAL: 2/26/26

20 UNDERTAKER: John Merico

ADDRESS: 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

07617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07617

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH 924 N. Fulton Ave

CITY OF BALTIMORE: (No.) 924 N. Fulton Ave (St.) 16-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Elvie

(a) RESIDENCE NO. 924 N. Fulton Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb 22, 1926

7 AGE — Years — Months — Days — If LESS than 1 day, hrs or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. Elvie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Marinellie Garland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address)

3 1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to Feb 22, 1926, that I last saw ~~it alive~~ dead on Feb 22, 1926, and that death occurred, on the date stated above, at 3-10 p m.

The CAUSE OF DEATH* was as follows:

Stillborn — Congenital atelectasis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Fractured skull - intracranial hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) Leo Schlenger, M. D.

19 (Address) 3034 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07618 E 07618

CERTIFICATE OF DEATH.

5-275

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 5-2 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Scott

(a) RESIDENCE No. 407 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE: Years 75 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Len Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address)

Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24 1924 to Feb. 18 1926.

that I last saw him alive on Feb. 18 1926.

and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Residual hemiplegia (cerebral)

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

2/19 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 07619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07619

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 3 ST. 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Smith

(a) RESIDENCE NO. 256 S Bethel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46 yr.				

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

3 326 Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926, to Feb. 18, 1926, that I last saw him alive on Feb. 18, 1926 and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Hypocarditis

(duration) 1 (history) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

Uremia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller, M. D.

2/19 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Per Wm. E. Woodall

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07620 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07620

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH Baltimore City Hospitals 76-1 Registered No.

City of BALTIMORE: (No.) Bay View Asylum St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cottman

(a) Residence No. Frederick Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black.

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1866

7-AGE. 66 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). 670

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Frederick Maryland

PARENTS.

10-NAME OF FATHER. Henry Gases

11-BIRTHPLACE OF FATHER (City or town) (State or Country). Frederick Md.

12-MAIDEN NAME OF MOTHER. Mathilda ?

13-BIRTHPLACE OF MOTHER (City or town) (State or Country). Frederick Maryland

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed 3 1926 192 C. HAMPSON JONES, M. D. Registrar.

Per RH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 20 26

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1926 to Feb 20 1926 that I last saw her alive on Feb 20 1926 and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Old senile ulceration of left leg -

(Duration) undetermined ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. ½ ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Ira P. Champe Jr. M. D.

(Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, 19

20-UNDERTAKER. Health ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07621

E 07621

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 172 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Lewis

(a) RESIDENCE NO. 1035 Wilmer Alley ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 60yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to Feb. 18, 1926, that I last saw her alive on Feb. 18, 1926 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

2/19. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Undertaker's Name of BURIAL, CREMATION OR REMOVAL: W. M. Cleburne Sons

DATE OF BURIAL 3/18/26 19

20 UNDERTAKER

ADDRESS

Mrs Jane M. Jones 1303 Pressman St

UNIVERSITY OF MARYLAND

FEB 23 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07622

CERTIFICATE OF DEATH.

12-5 179

E 07622

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Owens

(a) RESIDENCE NO. 241 Oak St ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE: 45 Yr. (Years / Months / Days; If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed , 19 Registrar

23328 By RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1926, to Feb. 20, 1926, that I last saw him alive on Feb. 20, 1926, and that death occurred, on the date stated above, at 3 9, m.

The CAUSE OF DEATH* was as follows:

Chronic Hepatitis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Hilary Tildesley, M. D.

2/24, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D., Commissioner of Health.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07623 * 41 **E 07623**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21-7 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Dudgeon

(a) RESIDENCE NO. Homestead, Pa ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1853-9

7 AGE: 67 yr.

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Frank Dudgeon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Frances Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15 , 1926 , to Feb. 17 , 1926 .

that I last saw him alive on Feb. 17 , 1926

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Staphylococcus aureus septicemia

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) P. Lindsay Miller M. D.

2/19, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Baltimore City Hospitals Records

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

15 Filed 3 1926 , 19 C. HAMPSON JONES, M. D. Registrar

20 UNDERTAKER

ADDRESS

Commissioner of Health

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07624 E 07624

CERTIFICATE OF DEATH.

161-50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Fremont ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelina M. Faro

(a) RESIDENCE NO. 232 S. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/14 26.

7 AGE — Years — Months 9. Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Orazio Faro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Sadie Dellagna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Orazio Faro 232 S Fremont.

3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 14, 1926, to Feby 23, 1926, that I last saw her alive on 2,22, 1926, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Inertia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Hunlington, M. D.

(Address) 1026 York ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cemetery

DATE OF BURIAL: 3/23- 1926

20 UNDERTAKER: Geo. J. Ruth

ADDRESS: 1735. Madison

HEALTH DEPARTMENT--CITY OF BALTIMORE

07625 E 07625

CERTIFICATE OF DEATH

1 PLACE OF DEATH Home for the Aged of the M. E. Church — REGISTERED No. C 90

CITY OF BALTIMORE (No. 400 N. Fulton Ave — 70-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Priscilla Jones

(Residence in Baltimore: No. Home for the aged of the M.E. Church St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March (Month) 3 (Day), 1855 (Year)

7 AGE: 70 yrs. 11 mos. 14 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper (retired)
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Woodford Mahoney.

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Priscilla Mullen

13 BIRTHPLACE OF MOTHER (State or country): New Jersey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Etta Lindsay

(Address) 400 N. Fulton Ave.

15 1926, 191 — C. HAMPSON JONES, M. D. — Per RPH — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Febry (Mogth) 22 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 13, 1926, to Febry 22 1926.

that I saw h[illegible] alive on Febry 20 1926.

and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Myocarditis

(Duration) yrs. 6 mos. ds.

(Signed) George C. Brannon M. D.

Febry 23, 1926. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Feb 24, 1926

20 UNDERTAKER: George Smith — ADDRESS: Fulton Ave

Spec.—1-10-21—M&T—1500 Blks.

(Codd)

E 07626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07626

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Helen J. Codd. (CODD)

(a) RESIDENCE NO. 1100 East Biddle St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White. Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Cleary Codd.

6 DATE OF BIRTH (month, day, and year) June 26 - 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of Industry, business, or establishment in which employed (or employer) 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Codd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mr. Michael J. Codd 1100 E. Biddle St

15 Filed 2 3 1926 G. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 21 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 2 - 1 - 1926, to 2 - 21 - 1926, that I last saw h alive on 2 - 21 - 1926, and that death occurred, on the date stated above, at 7:12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism - Gangrene of Left Leg (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of 2/17/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. J. Bryant, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 24 1926

20 UNDERTAKER John F. Conway & Son ADDRESS 401 Hollins

Spec.—1-10-21—M&T—1500 Bks. Jane Hannigan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07627 — E 07627

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH St Jacobs Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Eliza Sts ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Hannigan.

(a) RESIDENCE NO. 616 Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) — 1861

7 AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ire

12 MAIDEN NAME OF MOTHER: Hanlon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ire

14 Informant: M. Joseph Richards

(Address): 11 E Preston St

15 3 1926 C. HAMPSON JONES, M. D. Registrar

Per RPB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from 2/4, 1926, to 3/22, 1926,

that I last saw h[illegible] alive on 3/22/26, 1926

and that death occurred, on the date stated above, at 12:10 a.m.

The CAUSE OF DEATH* was as follows:

fractured femur - (new)

chronic nephritis & myocarditis

Fractured femur (duration) yrs. mos 1 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Path Lab

(Signed) Clarence R. Manges, M. D.

, 19 (Address) St Jacobs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery DATE OF BURIAL 2/24/1926

20 UNDERTAKER: J. J. Moran ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07628 E 07628

CERTIFICATE OF DEATH.

71-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Rosedale St. 15-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha A. Bratcher

(a) RESIDENCE NO. 3031 Rosedale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8 25

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

7 2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reid Ind.

PARENTS

10 NAME OF FATHER Arthur Butcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Reid Alabama

12 MAIDEN NAME OF MOTHER Mary Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Reid Ind.

14 Informant Mrs Clara Richardson (Address) 3031 Rosedale St

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from July 18 1926 to July 2 1926, that I last saw her alive on July 2 1926 and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Brain Complications, will talking, Heard many boils & general Malnutrition

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial cold,

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. Franck M. D.

(Address) 1096 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood DATE OF BURIAL Jul 24 1926

20 UNDERTAKER H. C. Mudefield ADDRESS 914 Brunn

FROM IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 07629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 07629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 N Fulton ST. 16-7 WARD)

2-FULL NAME Francis A. Smith

(a) RESIDENCE NO. 737 N Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Sarah E. Smith

6 DATE OF BIRTH (month, day, and year): May 11 1845

7 AGE: Years 80 Months 9 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant 45

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Winchester Virginia

PARENTS

10 NAME OF FATHER: John S Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Palmer Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Sarah E Smith

(Address): 737 N Fulton Ave

15 2 1926 19 C. HAMPSON JONES, M. D. Per RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 23 1926 to Febry 22 1926

that I last saw him alive on Febry 22 1926

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. C. Shannon, M. D.

2/23 19 26 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Mt Olivet DATE OF BURIAL FEB 25 1926

20 UNDERTAKER: Geo W Little ADDRESS 1301 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07630 E 07630

07630

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 815 Park Ave. ST. WARD)

2-FULL NAME Bessie E. Johnston Gresham

(a) RESIDENCE NO. 815 Park Avenue ST., WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of Thomas Baxter Gresham

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1848

7 AGE: Years 77; Months 1; Days 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Thos. D. Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Thos E. Gresham
(Address) 815 Park Ave.

15 FEB 3 1926 C. HAMPSON JONES, M. D. Registrar
Par ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 2nd, 1926, to Feby 21st, 1926, that I last saw her alive on Feby 21st, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

(duration) Intermittent yrs. mos ds.

CONTRIBUTORY (Secondary) Senile arterio-sclerosis (duration) 2 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) E. H. Von Ahlefeldt, M. D.

2.23, 1926 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Henry H. Jenkins Sons Co

ADDRESS: Orchard and McCulloh

Spec.—1-10-21—M&T—1500 Bks.

E 07631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07631

CERTIFICATE OF DEATH.

+ 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. University Hospital WARD)

2-FULL NAME Virgie Anna Ward.

(a) RESIDENCE NO. Rocky Mount North Carolina WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jam. H. Ward

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Joseph W. Draw

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Elizabeth Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Univ. Hosp. Records
(Address)

15 1926 C. HAMPSON JONES, M. D. Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1926, to 2/22, 1926, that I last saw her alive on Feb 22, 1926, and that death occurred, on the date stated above, at 6 00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia fibrinolobar & cardiac failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 12 '26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin M. Robertson, M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rocky Mount N.C. DATE OF BURIAL Feb 23 26

20 UNDERTAKER Harry H. Witzke ADDRESS 153 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 07632 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07632

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Garrison Lane ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Stapf

(a) RESIDENCE NO. 222 Garrison Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Emma F. Stapf (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Juluis Stapf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emma F. Stapf (Address) Windsor Mill Rd. Woodlawn,

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb22, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb. 22, 1926, that I last saw h alive on Feb 20, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John T Casey M. D.

2/27/1926 (Address) 101 N Caey.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md Western Cemetery — DATE OF BURIAL: Feb. 24 1926

20-UNDERTAKER Joseph E. Cook, 1003 W. Baltimore St. (ADDRESS)

Dep. No. Cook

Spec.—1-10-21—M&T—1500 Bks.

E 07633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07633

CERTIFICATE OF DEATH.

REGISTERED NO. 18-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD)

2-FULL NAME Dorothy Phillips

(a) RESIDENCE NO. 564 W Lombard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Ernest Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indianna

12 MAIDEN NAME OF MOTHER Pink Maish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Litchfield Md.

14 Informant (Address) Personal knowledge 564 W Lombard

15 Filed 2 1926, 19 Registrar

C. HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 23, 1926, that I last saw her alive on Feb 23, 1926, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

2/26 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cem

DATE OF BURIAL 2 1926

20 UNDERTAKER

ADDRESS

E 07634 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07634

CERTIFICATE OF DEATH.

Registered No. C 179

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene Sts. St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eileen Gore

(Residence in Baltimore: No. 1144 Ridgely St. St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write word.)
Female	White	Single

6-DATE OF BIRTH. January 7th 1920
(Month) (Day) (Year)

7-AGE. 6 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George H. Gore

11-BIRTHPLACE OF FATHER, (State or Country). St Louis, Mo.

12-MAIDEN NAME OF MOTHER, Bessie E. Mays

13-BIRTHPLACE OF MOTHER, (State or Country). St Louis, Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Gore

(Address) 1144 Ridgely St.

15- Filed 3 1926 192 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22nd (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Accident — (over)
Multiple Burns - fire
(Duration) yrs. mos. hrs.

CONTRIBUTORY (Secondary) Toxemia —
(Duration) yrs. mos. 1 ds.

(Signed) J. J. [illegible] Coroner M. D.

2-25 1926 (Address) 1143 N. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Feb 24th 1926

20-UNDERTAKER. Wm J. Tickner & Sons ADDRESS N & Pa

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07635 E 07635

CERTIFICATE OF DEATH.

101 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Lauretta Ave ST. 20-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Morelli

(a) RESIDENCE NO. 2429 Lauretta Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 9 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	4 3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Angelo Morelli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Emma Magnacelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Tito Morelli
(Address) 2429 Lauretta Ave

15 Feb 23 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16th 1926, to Feb. 22nd 1926, that I last saw h alive on Feb 22nd 1926, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia (acute)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Canine Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis? Diagnosis

(Signed) E. P. Cent. Dr. M. D.

19 (Address) 811 Cent Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL Feb 27 1926

20 UNDERTAKER John Meier ADDRESS Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07636

CERTIFICATE OF DEATH.

11-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Winfield Avenue ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Louise Alton

(a) RESIDENCE NO. 1401 W. Lanvale St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Alton

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	24 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert County Maryland

PARENTS

10 NAME OF FATHER Alexander Covington Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert County, Md.

12 MAIDEN NAME OF MOTHER Mary Elizabeth Denton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert County, Md.

14 Informant Clara B. King

(Address) 1401 W. Lanvale St.

MAR 3 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Feb 23, 1926,

that I last saw her alive on Feb 23, 1926,

and that death occurred, on the date stated above, at 11.25 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. H. Jones, M. D.

2/23, 1926 (Address) 720 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cem. Prince Frederick md

DATE OF BURIAL Feb. 25 1926

20 UNDERTAKER Joseph B. Cook, 1003 W. Baltimore St

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07637

CERTIFICATE OF DEATH.

E 07637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 13-5 WARD)

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Lilly

(a) RESIDENCE NO. 2841 Woodbrook ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1848 } ?
1849 }

7 AGE: 67 yr } ?
78 yr }

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed ... 19 ... Registrar

3 1926

R R S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926, to Feb. 21, 1926, that I last saw him alive on Feb. 21, 1926, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (History)

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) R. Lindsay Miller, M. D.

2/22 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W North Ave

Spec.—1-12-23—M&T—500 Bks.

E 07638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5508 Glover Road ST. 27-2 WARD)

2-FULL NAME George H. Little

(a) RESIDENCE NO. 5508 Glover Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary S. Little

6 DATE OF BIRTH (month, day, and year) June 30 184

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore City Fire Dept.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mary S. Little

(Address) 5508 Glover Road

Filed 3-1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from for many years, 19

that I last saw him alive on Feby 21, 1926

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. G. Hynson, M. D.

2/23, 1926 (Address) Towson Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feby 24 1926
20 UNDERTAKER	ADDRESS
Chas. L. Black	742 W. North Ave

Spec. 1-20-21 MAT 1500 Blks.

E 07639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07639

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 2911 Kate Ave ST., 15-2 WARD)

2-FULL NAME Beulah L. S. Harland

(a) RESIDENCE NO. 2911 Kate Ave ST., WARD Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 18-1857

7 AGE: Years 68; Months 11; Days 24; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Davis Sill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Sarah Ann Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mrs Martha Sill

(Address)

15 Filed 3-1926

16 C. HAMPSON JONES, M. D. Registrar

Per RAW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 16 1926, to Feby 22 1926, that I last saw her alive on Feby 22 1926, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2911 Kate Ave

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robt F. Haudesh, M. D.

19 (Address) 910 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kenneth Square Pa — DATE OF BURIAL: Feb. 24 1926

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 501 Madison Ave

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07640

CERTIFICATE OF DEATH.

8-5-31

E 07640

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2622 E Preston St. (Ward) 8-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Weiners

(a) RESIDENCE NO. 2622 E Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or WIFE of: William J Weiners

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE — Years: 56 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 31

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Patrick J. Haley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Wm J. Haley. (Brother) 2622 E Preston St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R P H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1925 to Feb. 20, 1926.

that I last saw her alive on Feb 20, 1926.

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia Hemorrhage.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 13 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Thos F. Sellers M. D.

2/23/1926 (Address) 2878 Walford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: John A. Inman

ADDRESS: 3000 E-13

Spec.—1-10-21 M&T 1500 Blks.

E 07641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07641

CERTIFICATE OF DEATH.

71-881

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 20-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Brozowski

(a) RESIDENCE NO. 1298 N. Linwood Ave ST. City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Brozowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Jeanette Lalka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed 3 1926 By C. HAMPSON JONES, M. D. Registrar Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 22, 1926, that I last saw him alive on Feb 22, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

Meningitis, acute purulent

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] Schaffer, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Stanislaus Cem Feb 24 1926

20 UNDERTAKER — ADDRESS

Johnson & Weber 1803 Bank St

Spec.—1-10-21—M&T—1500 Blks.

E 07642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07642

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1760 Bank Street ST. 2-1 WARD) REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie T. Koehler

(a) RESIDENCE NO. 1760 Bank Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 4 1924

7 AGE — Years: 1 — Months: 2 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry . Koeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Cecilia. Hurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mr. Henry . Koehler

(Address) 1760 Bank Street

Filed 3 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/26

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1926 to Feb 22 1926.

that I last saw her alive on Feb 22 1926.

and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) had had measles —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms. Exam.

(Signed) Louis F. Krumeich, M. D.

19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem.

DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: John M Weber

ADDRESS: 1808 Bank St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07643

74-98

E 07643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2240 W. Lexington St. (Ward) 20-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Quinn

(a) RESIDENCE NO. 2240 W. Lexington ST., WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Matthew Quinn

6 DATE OF BIRTH (month, day, and year) Feb 26 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Jas. E. Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Catherine Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Matthew Quinn 2240 W. Lexington St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1926 to Feb. 21, 1926 that I last saw h alive on Feb. 20, 1926 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no history.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy M. D.

2/25 1926 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb. 24 1926

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1432 Light

Spec.—1-10-21—M&T—1500 Bks.

E 07644

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 002

E 07644

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital (WARD) 1553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Robinson

(a) RESIDENCE NO. 2334 Reisterstown Rd STREET OR AVE. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 21 — 1921

7 AGE: Years 1 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William L. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nina Slacer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: Nina Robinson (Address) 2334 Reisterstown Rd

15 Filed ..., 19... Registrar

31526 Per

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 21st, 1926. to Feb 22nd, 1926.

that I last saw him alive on Feb. 22nd, 1926,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency.

(duration) yrs. mos. days.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Feb 22nd 1926.

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) Dr. Douglas M. D.

Feb 22nd 1926 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: E. L. Roy Stiffler

ADDRESS: 1252 North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07645 E 07645

CERTIFICATE OF DEATH.

9-497

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 E 23rd. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H Muth

(a) RESIDENCE. No. 523 E 23rd ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Muth

6 DATE OF BIRTH (month, day, and year): Feb 22 1852

7 AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ret Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Geo H Muth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A White Feb 23 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Mrs Barkley 523 E 23rd st

15 Filed: 3 1926 C. HAMPSON JONES, M. D. Registrar

Per BRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1926 to Feb 22 1926 that I last saw h alive on Feb 22 1926 and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows: Intestinal obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Gangrene

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) A. Colmuth, M. D.

(Address) 1131 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Barley's Co Baltimore

DATE OF BURIAL: Feb 25 1926

20 UNDERTAKER: E. L. Roy Steffler

ADDRESS: 1254 Mott ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07646 CERTIFICATE OF DEATH. **E 07646**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. 2nd. St. Brooklyn. ST. 25-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Freeman.

(a) RESIDENCE NO. 226 N. 2nd. St. Brooklyn. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 20 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pekin Illinois.

10 NAME OF FATHER Samual Freeman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pekin Illinois.

12 MAIDEN NAME OF MOTHER Dorothy Hodges.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) White City Iowa.

Informant Samual Freeman. (father)
(Address) 226 N. 2nd. St. Brooklyn.

Filed 2-24 192[illegible] HAMPSON, James M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Measles.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner.), M. D.

Feb 28, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Feb 24 1926

20 UNDERTAKER D. Schloman & Son ADDRESS 1039 Fremont ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07647

11-002

E 07647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1740 Eastern Ave St., 1st Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Simon

(a) RESIDENCE NO. 1740 Eastern Ave St. 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Gertrude Simon

6 DATE OF BIRTH (month, day, and year) Mch 8th 1839

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
86	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Greb. Simon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Michael Simon (Son)

(Address) 1740 Eastern ave.

15 Filed _____ 19____ Registrar

B24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1926, to Feb 20th, 1926, that I last saw h[illegible] alive on Feb. 20th, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Brman J Geering, M. D.

7-21-1926 (Address) 1400 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holy Redeemer Cemetery Feb. 24th 26

20 UNDERTAKER ADDRESS

Lilly & Zeiler 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07648 CERTIFICATE OF DEATH. 2-23 **E 07648**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. T.B.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Harris

(a) RESIDENCE No. 904 S. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~43~~ yrs. 43 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Harris

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler scaler

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Maryland

PARENTS

10 NAME OF FATHER William Harris

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 2-24 1926 HAMPSON JONES, M. D. Registrar

Par ~~Pk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926, to Feb. 23, 1926, that I last saw him alive on Feb. 23, 1926, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis (duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos McPhail Jr. M. D.

2-23 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Lilly Zeiler

ADDRESS 1033 W. Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07649

CERTIFICATE OF DEATH.

90 E 07649

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 N. Mosher ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos Williams

(a) RESIDENCE. NO. 639 N. Mosher ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Mar.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
95	4 6	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stemmer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 23

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Thos R Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Williams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mary Williams
(Address) 639 Mosher

15 Filed 3 24 1926 C. HAMPSON GORDY, M. D. Registrar

Per NK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Feb 22, 1926, that I last saw h alive on Feb 22, 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F J Woodward, M. D.

Feb 23, 1926 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 25, 1926

20 UNDERTAKER Hamel Eastes ADDRESS 716 Penna

Spec.—1-10-21—M&T—1500 Bks.

E 07650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 07650

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 17-3 WARD)

2-FULL NAME Estella Stansbury

(a) RESIDENCE NO. 707 Pierce St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Lucian Stansbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lucian Stansbury

(Address) 707 Pierce St

15 Filed Feb 24 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 23, 1926, that I last saw her alive on Feb 22, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 707 Pierce St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Widal

(Signed) H. Cassey, M. D.

, 19 (Address) 1837 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brookside Md — DATE OF BURIAL: Feb 25/26

20 UNDERTAKER: Nevin Eastern — ADDRESS: 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07651

E 07651

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-7 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Johnson

(a) RESIDENCE NO. 1607 W Lanvale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred cents. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE. Years: 55 Months: Days: If LESS than 1 day, hrs. or min.: 55 Yr.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): So. Carolina

PARENTS

10 NAME OF FATHER: John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Charlotte Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar
41526 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20 1926 to Feb. 23 1926 that I last saw her alive on Feb. 23 1926 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Residual Hemiplegia (cerebral hemorrhage) (history)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Diabetes Ulcers and ? Bronchopneumonia (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller. M. D.

2/23 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 25 1926

20 UNDERTAKER: David Easters

ADDRESS 966 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5500 Oxford ST., 17-2 WARD 24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Burk

(a) RESIDENCE NO. 5500 Oxford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Jackson Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Columbia S C

12 MAIDEN NAME OF MOTHER: Eliz Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Edna Thomas 5503 Oxford

15 Filed 4-1626 HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1926, to Feb 22, 1926, that I last saw h alive on Feb. 22, 1926, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Mundling M. D.

(Address) 1200 Sand Hill Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Feb. 25, 26

20 UNDERTAKER: Jno H. Soaden — ADDRESS 1827 Druid Hill Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07653

CERTIFICATE OF DEATH.

100-001

E 07653

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1320 Riggs Ave ST. 16-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred J. V. Baltimore

(a) RESIDENCE No. 1320 Riggs Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred City yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 18 1925

7 AGE: Years 10 Months 12 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: Wilbert Baltimore Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Doris Baltimore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

PARENTS

14 Informant: Doris Baltimore (Address) 1320 Riggs Ave

15 [illegible] 41926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Feb 21, 1926, that I last saw her alive on Feb 21 1926 and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Leo N. Lancelotta M. D.

(Address) 2215 N. Monroe Ave

Feb 22, 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb 24 1926

20 UNDERTAKER: Virginia E. Brooks — ADDRESS: 1627 Pa. Ave.

Spec.—1-10-21—M&T—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07654

CERTIFICATE OF DEATH.

E 07654 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Baker St. ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Taylor

(a) RESIDENCE No. 604 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	I	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mabel Were

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Chas. Taylor (Address) 604 Baker St.

15 Filed 2/24 19 25 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8 1926. 19 , to Feb. 23 1926 19 , that I last saw her alive on Feb. 22 1926. 19 , and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Recurring)

(duration) X yrs. X mos 12 ds.

CONTRIBUTORY (Secondary) Measles

(duration) X yrs. X mos. 10 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Charles C. Clark, M. D.

2/23 19 26 (Address) 2214 Piedmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lester Manor Va.

DATE OF BURIAL Feb. 26 1926

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1463 N. Carey

Cor.—1-12-28—M&T—100 Blks.

E 07655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07655

CERTIFICATE OF DEATH.

22-2 188-006

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolphe Robitaille.

(a) RESIDENCE No. temporary 109 E. Conway St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Caisson builder.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

PARENTS

14 Informant Henry La Montagne.(cousin)
(Address) 324 Hanover St.

15 Filed 2-24 1926 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pressure Asphyxia. Shock.
Accidental giving away of sand bottom of caisson.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner), M. D.

Feb 23, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Gould & McComas Sts. Feb. 20, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Quebec, Ontario, Canada DATE OF BURIAL Feb 24 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-001

E 07656
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

21-3

E 07656
Registered No.

City of BALTIMORE: (No. 811 W Barre St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sterling or Elsenoad

(a) Residence No. 811 W Barre St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Apr 25 1925

7-AGE. ....yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Stanley T Elsenoad

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balt County

12-MAIDEN NAME OF MOTHER, Augusta M Kummer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14-INFORMANT. Stanley T Elsenoad
(Address) 811 W Barre St

15-
B24326 1926 [illegible] M. D.
Registrar.
RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-23-26

17- I HEREBY CERTIFY, That I attended deceased from Feby 22 1926 to Feby 23 1926 that I last saw him alive on Feby 23 1926 and that death occurred, on the date stated above, at 3 00 m.

The CAUSE OF DEATH* was as follows:

Simple Meningitis 24 hr
duration Contributory Cause
Bilateral otitis media with
mastoiditis drainage for
(Duration) yrs. mos. ds.
CONTRIBUTORY 10 days.
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
2-23-26, 19 (Address) Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Feb 25 1926

20-UNDERTAKER. Knull & Son ADDRESS 911 Mas Belvd

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07657

CERTIFICATE OF DEATH.

89 ✓ E 07657

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2420 Lakeview ave St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Blaustein

(a) RESIDENCE NO. 2420 Lakeview ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Blaustein

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Hyman B Blaustein

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltimore St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1926, to Feb 23, 1926, that I last saw h.. alive on Feb 23, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isador L Levy, M. D.

Feb. 19 26 (Address) 2036 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern ave — Date of Burial 2/24 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Baltimore St

2-24-1926 HAMPSON JONES M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 07658

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1311 Bayard St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jno Chas Fisher

(a) Residence No. 1311 Bayard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 16 1850

7-AGE. 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Grocer

(b) General nature of industry, business, or establishment in which employed (or employer). Grocery Store

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Jno R Fisher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ohio

12-MAIDEN NAME OF MOTHER. Eliz Gray

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant). Romeo Fisher

(Address) 1311 Bayard st.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

24 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/22/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926 to Feb 22, 1926 that I last saw h.. alive on Feb 22, 1926 and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Redman M. D.

, 19 (Address) 1201 Bank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Feb 24, 1926
20-UNDERTAKER.	ADDRESS
Mrs. R. A. Elbert	172 Eastlandon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07659

66E 07659

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1616 N. Mulberry St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. James McAllister

(Residence in Baltimore: No. 1616 N. Mulberry St.; yrs. 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Cold

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. Jan 20th 1906
(Month) (Day) (Year)

7-AGE. 20 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baggage Porter
(b) General nature of Industry, business, or establishment in which employed (or employer). B. & O. R.R. Co. Car Dept.

9-BIRTHPLACE, (State or Country). N. C.

PARENTS.

10-NAME OF FATHER. Quincy McAllister

11-BIRTHPLACE OF FATHER. (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Elizabeth Hawkins

13-BIRTHPLACE OF MOTHER. (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth McAllister

(Address) 1616 N. Mulberry St

15- C. HAMPSON JONES, M. D.

Filed ..... 192 ..... Registrar.

B24 326 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 21st 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Thos. P. Norton M. D.

Feb 21st 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal. Alcoholism

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Rocky Point N.C. DATE OF BURIAL. February 28 1926

20-UNDERTAKER. Joseph A Lively ADDRESS 151 Winters ave

Spec.—1-10-21—M&T—1500 Bks.

E 07660

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 07660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1021 N. Milton ave St. 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Brown

(a) RESIDENCE NO. 1021 N. Milton ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct (3) 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	4	23	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant George F. Brown

(Address) 1021 N. Milton ave

Filed 7-3-26 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1926, to 2/23, 1926, that I last saw h[illegible] alive on 2-23, 1926 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) D. Aaron Miller, M. D.

2-24, 1926 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem'y

DATE OF BURIAL 2/25 1926

20 UNDERTAKER George F. Pentz

ADDRESS 135 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07661

CERTIFICATE OF DEATH.

117 E 07661

1-PLACE OF DEATH Women's Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-6 WARD)

2-FULL NAME Thomas Willis Downey

(a) RESIDENCE NO. 209 Hawthorne Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 29, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	7	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dr J. W. Downey Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mabe Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to Feb 23, 1926,

that I last saw him alive on Feb 23, 1926,

and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb 19 1926

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Phys. exam.

(Signed) Wm M Wilson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Mrs Janette Willis (Address) 209 Hawthorne city

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Feb 25 1926

15 Filed 4 1926 C. HAMPSON JONES, M.D. Registrar

20 UNDERTAKER John D. Mitchell ADDRESS 201 W Lafayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07662

CERTIFICATE OF DEATH.

164 E 07662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 West 25th. ST. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Hickey

(a) RESIDENCE NO. 16 West 25th. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward B. J. Hickey

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington (State or country) D. C.

PARENTS

10 NAME OF FATHER William Posey

11 BIRTHPLACE OF FATHER (city or town) Charles Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Kingsbury

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D. C.

14 Informant Miss Clara Virginia Hickey (Address) 16 W. 25th. Street

15 Filed 2 4 1926 C. HAMPSON JONES, M. D. Registrar Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 1926 to Feb 22 1926, that I last saw her alive on Feb 22 1926, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope about 12 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual.

(Signed) G. Lobster Ewell M. D.

2/24, 1926 (Address) 2945 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery — DATE OF BURIAL 2/25, 1926

20 UNDERTAKER Henry W. Meyer & Son — ADDRESS 804 N. Calvert

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07663

CERTIFICATE OF DEATH.

+ 100-001

E 07663

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2718 Overland ave (St.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy Christy

(a) RESIDENCE NO. 2 Warren (St.) Baltimore md. WARD Warren Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice A Christy

6 DATE OF BIRTH (month, day, and year): June 2/1853.

7 AGE: Years 72. Months 8. Days 21. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Reading Pa.

PARENTS

10 NAME OF FATHER: Daird Christy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Sarah Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Edward V. Carr

(Address) 2718 Overland ave

15 Filed 2/24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17th, 1926, to Feb. 23rd, 1926, that I last saw he alive on Feb. 22nd, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Physical examination.

(Signed) Wm Conrad Rodey, M. D.

2/23, 1926 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poplar Burial Co Md — DATE OF BURIAL: 2/25 1926

20 UNDERTAKER: Walter Davis — ADDRESS: 3307 Pinkney st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07664

CERTIFICATE OF DEATH.

100-001

E 07664

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 240 N. Rose ST., 6-3 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson

(a) RESIDENCE NO. 240 N. Rose ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14 /25

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes Wills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Jos. Wilson
(Address) 240 N. Rose st.

15 Filed 4 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 23, 1926, that I last saw her alive on Feb 22, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Deyer, M. D.

19 (Address) 56 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 28, 1926

20 UNDERTAKER: Jos. L. Iden — ADDRESS: 156 N. Luzerne

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07665

CERTIFICATE OF DEATH. 101-001

E 07665

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3417 Toone ST., 26-8 WARD)

2-FULL NAME William Frances Lebompte, Sr

(a) RESIDENCE NO. 3417 Toone ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Kate Lebompte

6 DATE OF BIRTH (month, day, and year) Feb 18, 1857

7 AGE: Years 69 Months — Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Lebompte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Martinique

12 MAIDEN NAME OF MOTHER Mary Boston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martinique

14 Informant: Kate Lebompte

(Address) 3417 E. Toone St

15 Filed 2 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1926, to Feb 21, 1926.

that I last saw him alive on Feb. 21, 1926

and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank A. Glantz, M. D.

, 19 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL 2/25 1926

20 UNDERTAKER Geo M. Fink & Son — ADDRESS 811 N Wolfe St

Spec.—7-iv-21—M.S.T.—1500 Bks.

E 97666

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 07666

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 S. Ellwood Ave ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie A. (Zielinska) Gumbine

(a) RESIDENCE NO. 1015 S Ellwood Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Marten Zielinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Hojnacka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Marten Zielinski (Address) 1015 S. Ellwood Ave

15 Filed 2-4-1926 19 C. HAMPSON JONES, M. D. Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1926, to February 22 1926, that I last saw her alive on February 22, 1926, and that death occurred, on the date stated above, at 11 ¾ a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. A. Kalowski, M. D.

, 19 (Address) 421 S. Ellwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem DATE OF BURIAL: Feb. 25 1926

20 UNDERTAKER: Stephen J. Fiackowski ADDRESS: 1000 S. Kenwood Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07667

E 07667

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 E. Eager ST. 10-2 WARD)

2-FULL NAME Elizabeth Baroti

(a) RESIDENCE NO. 816 E. Eager ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ✓

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 11 - 1924

7 AGE — Years: 1 — Months: 6 — Days: 13 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ HW

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Giuseppe Baroti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Giulia Mazzuchi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Giuseppe Baroti

(Address) 816 E. Eager St

15 Filed Feb 26, 1926 — Registrar: R.K.

C. CHAMPION JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1926, to Feb 24, 1926, that I last saw her alive on Feb 23, 1926 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. DiStefano M. D.

Feb 24 1926 Address 407 S. Eaton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb 25, 1926

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 524 S. Eaton St

Spec.-1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07668

CERTIFICATE OF DEATH.

101-001

E 07668

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Ellwood ave 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander L. McBurnie

(a) RESIDENCE No. 319 N. Ellwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 18 1886

7 AGE: Years 39 Months 6 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Alex. McBurnie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary McBurnie

(Address) 319 N Ellwood ave

15 Filed 2 4 1926 19 C. HAMPSON JONES, M. D. Registrar

Per Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-1 1926, to 2/22 1926

that I last saw him alive on 2/21 1926.

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Frame M. D.

2 23 1926 (Address) 2439 W Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — DATE OF BURIAL: 2/25/26.

20 UNDERTAKER: John A Inman — ADDRESS: 3000 E. B

Spec.—1-10-21—M&T—1500 Bks.

E 07669

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 07669

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Lombard ST. 18-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Ida Sullivan,

(a) RESIDENCE NO. 825 N. Lombard ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): April. 30. 1924.

7 AGE — Years: One — Months: 9 — Days: 23 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none,

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William H. Sullivan.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER: Ruth Franklin,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: William H. Sullivan,
(Address) 825 N Lombard St

15 Filed: 19 Ref. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926 to Feb. 23. 1926.

that I last saw her alive on Feb. 23. 1926;

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia.
(Primary)
(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam. &c.

(Signed) Chas Norton, M. D.

2/23/26 (Address) 888 N. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbine Cemetery Co

DATE OF BURIAL: 2/25 1926

20 UNDERTAKER: W. S. Cook

ADDRESS: 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07670

CERTIFICATE OF DEATH.

E 07670

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N. Montford St. 26-3 WARD)

2-FULL NAME Conrad Peitz

(a) RESIDENCE NO. 133 N. Montford Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life Yrs. mos. ds. How long in U. S., if of foreign birth? Life Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Augusta Peitz

6 DATE OF BIRTH (month, day, and year) Nov 23 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	67	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Factory Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER John Peitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant Augusta Peitz (Address) 133 N. Montford Ave

15 Filed 2 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 10 a.m. Feby 22, 1926, to 8 P.M. Feby 22, 1926, that I last saw h[illegible] alive on Feby 22, 1926 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy 12 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb W. Athey, M. D.

Feb 23, 1926 (Address) 1303 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Feb 25 1926

20 UNDERTAKER: Wm E. Miller & Son — ADDRESS: 2334 E. Pratt St

Spec.—1-10-21—M&T—1500 Blks.

E 07671 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 07671

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 E. 21 ST. 12-5 WARD)

2-FULL NAME Mary D. Stricker

(a) RESIDENCE NO. 330 E. 21 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12. 1907

7 AGE: Years 18 | Months 7 | Days 10 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newfoundland Pa

PARENTS

10 NAME OF FATHER John W. Stricker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lewistown Md

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Belair Md.

14 Informant John M. Stricker (Address) 330 E. 21st St.

15 Filed 2 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from August, 1926, to Feb 23, 1926, that I last saw her alive on Feb-22, 1926, and that death occurred, on the date stated above, at 1.10 A m.

The CAUSE OF DEATH* was as follows:

Pleurisy & Broncho-pneumonia (one)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital valvular heart disease (duration) 18 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. J. Bouchelle, M. D.

Feb 24 1926 (Address) 210 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys — DATE OF BURIAL: 2/25 1926

20 UNDERTAKER: E. A. Wedefeld Jr. — ADDRESS: 501 E 22. St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07672

3/E 07672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Marshall St., 23-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles. Davis

(a) RESIDENCE NO. 1428 Marshall St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widr.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 16-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Bernard. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Jane. Conlon. 2-24-26

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Dilworth

(Address) 1428 Marshall.

Filed 4 1926

G. HAMPSON JONES, M. D. Registrar

Per Rees

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23rd 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 21st, 1926, to Feb 23rd, 1926, that I last saw him alive on Feb 22nd, 1926 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary) Lymphosarcoma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. L. Burton, M. D.

(Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: 2/25 1926

20 UNDERTAKER: L. Frew Mc Cully

ADDRESS: 130 E Fay

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07673 × 26 E 07673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1916 Wilkens Ave St., 70-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Mc Gowan

(a) Residence No. 1916 Wilkens Ave St., Ward Essex Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lucious Mc Gowan

6-DATE OF BIRTH (month, day and year) Sept 8/1879

7-AGE, 46 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Essex Co Va.

PARENTS:

10-NAME OF FATHER, Delaware Stokes

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Rose Carneal

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Unknown

14- (Informant) Lucious Mc Gowan

(Address) 1916 Wilkens ave

15- Filed C. HAMPSON JONES, M. D. Registrar.

H 1926 Per R.F.C.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from December 10 1925 to Feb. 23, 1926 that I last saw her alive on February 23 1926 and that death occurred, on the date stated above, at. 11 a 8 m

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver & Stomach

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? Essex County, Virginia

Did an operation precede death? Yes Date of May 29, 1914

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R. H. Isaacs M. D

, 19 (Address) 2114 Wilkens ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Middlesex Va DATE OF BURIAL. Feby 27, 1926

20-UNDERTAKER, Harry R Hancock ADDRESS 4201 Ridgewood Ave

Spec.—1-10-21 M&T 1500 Bks.

E 07674 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07674

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 6-3 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Krichten

(a) RESIDENCE NO. 426 N. Curley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24 1919

7 AGE: Years 6 | Months 1 | Days 29 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Chas. F. Krichten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Dora Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Chas. F. Krichten

(Address): 426 N. Curley St.

15 [illegible] 4 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-1-26, 19..., to 2-23-26 19...,

that I last saw h[illegible] alive on 2-23-26, 19...,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Coma,

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Epidemic Pericarditis & Pneumonia

(duration) yrs. mos 1? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Path

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb 26 26

20 UNDERTAKER: Robt. T. Turner Inc.

ADDRESS: 1742 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07675 E 07675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. Biddle St. 113 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Hennessy.

(a) RESIDENCE NO. 404 E. Biddle St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow.

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: John Hennessy.

6 DATE OF BIRTH (month, day, and year): 1849

7 AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: John Hennessy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Alice Lyons.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 19 26, to Feb 23, 19 26, that I last saw h[illegible] alive on Feb 22, 19 26, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Apoplexy 4 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hundon M. D.

2-4 19 26 (Address) 2 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Signature) Mrs Mary Hennessy
(Address) 404 E Biddle St.

15 2 4 1926 C. HAMPSON JONES M. D. Registrar
By R.R.M.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cemetery — DATE OF BURIAL: Feb. 26 1926

20 UNDERTAKER: Robt. T. Turner Inc — ADDRESS: 1942 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07676

CERTIFICATE OF DEATH.

129 E 07676

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1827 McCulloh St. 14-1 Ward)

2-FULL NAME Abraham Jackson

(a) RESIDENCE NO. 1827 McCulloh St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lethia A. Jackson

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer A A Co.

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Abraham Jackson

11 BIRTHPLACE OF FATHER (city or town) A A Co. Md

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Lethia Jackson

(Address) 1827 McCulloh St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF ~~DEATH~~ (month, day, and year) February 21 1926

17 I HEREBY CERTIFY, That I ~~attended~~ deceased from Feb 2 1926 to Feb 21, 1926

that I last saw him alive on Feb 21, 1926

and that death occurred, on the date stated above, at 7.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ____ yrs. 21 mos. 5 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) ____ yrs. 2 1/2 mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard M. D.

2/22/1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Date of Burial Feb 25 1926

20 UNDERTAKER Mrs James M Dennis & H C Nelson ADDRESS 1303 Freestman St

Spec.—1-10-21—M&T—1500 Bks.

E 07677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07677

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4607 Liberty Heights St. 28 - 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Holden Reed Carroll

(a) RESIDENCE NO. 4607 Liberty Heights St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Rev William Amos Carroll

6 DATE OF BIRTH (month, day, and year) May 13. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	67	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery County Md

PARENTS

10 NAME OF FATHER Wm Edward Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Sarah Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr William Homer Carroll (Son) (Address) 24 Carroll Ave - Takoma Park Md

15 4 1926 C. HAMPSON JONES, M. D. Registrar

Per R.E.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18 to Feb 23 1926

that I last saw her alive on February 22 1926

and that death occurred, on the date stated above, at 2 50 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo H Dyffley M. D.

Feb 27 1926 (Address) 2430 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL FEB 28 1926

20 UNDERTAKER Jos Joerdens & Son

ADDRESS 217 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

Dr Carmon 1721 N Caroline St

E 07678

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-201

E 07678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1738 N Bond ST. 8-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza J Salter

(a) RESIDENCE NO. 1738 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Salter

6 DATE OF BIRTH (month, day, and year): Aug 13. 1862.

7 AGE — Years: 64 Months: 6 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Attorney at Law

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Louis A. Jamart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine A Seager

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: John E. Salter

(Address) 1738 N Bond St

15 Filed 4 1926

G. HAMPSON JONES, M. D. Registrar

Fil. RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 24, 1926,

that I last saw h[illegible] alive on Feb 24, 1926,

and that death occurred, on the date stated above, at 1.20 m.

The CAUSE OF DEATH* was as follows:

Left Hemaphlegia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. T. Carman, M. D.

2-24-1926 (Address) 1707 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07679

CERTIFICATE OF DEATH.

90 E 07679

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Parish St. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta Baker

(a) RESIDENCE NO. 317 S Parish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of or) WIFE of Joseph Baker

6 DATE OF BIRTH (month, day, and year) March 5, 1888

7 AGE — Years: 37 — Months: 11 — Days: 18 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leonard Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie J Whaley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Joseph Baker

(Address) 317 S Parish St

15 Feb 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb 23, 1926, that I last saw h[illegible] alive on Feb 23, 1926, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hypertension Endocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elsie E. Towers, M. D.

Feb 4 1926 (Address) 500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL FEB 25 1926

20 UNDERTAKER Geo W Little

ADDRESS 3700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 07680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07680

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2743 St.Paul Street ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Frost Moore

(a) RESIDENCE NO. 2743 St.Paul Street ST. WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs 8 mos 3 ds How long in U. S., if of foreign birth? 69 yrs 8 mos 3 ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Moore

6 DATE OF BIRTH (month, day, and year) June-20-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Frost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Maine

12 MAIDEN NAME OF MOTHER Susan Slee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Maryland

14 Informant Mr.W.Frost Moore (son)
(Address) 301 Oakdale Road Roland Pk.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
By RPH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1925 to Feb 23rd 1926, that I last saw h[illegible] alive on February 23rd 1926, and that death occurred, on the date stated above, at 3½ A m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic and chronic endocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation 45 hrs

(duration) yrs. mos.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

2/23, 1926 (Address) 1117 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Specutia Cem. Harford Co. Md. DATE OF BURIAL: Feb-25-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, SUCCESSOR) ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07681

CERTIFICATE OF DEATH.

57 **E 07681**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Orleans ST. 11-3 WARD)

2-FULL NAME Mary Ann Donnelly

(a) RESIDENCE NO. 108 E Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65	--	--		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer): 067

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rising Sun Md.

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know

14 Informant: Miss Marion Ryan

(Address): 706 Park Avenue

15 Filed 2 5 1926 . M. C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 . 1926 . to Feb 24 . 1926 .

that I last saw h[illegible] alive on Feb 24 . 1926

and that death occurred, on the date stated above, at 12:15 p m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

Diabetic Gangrene of 4th toe (Left foot)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 2/19/26

Was there an autopsy? No

What test confirmed diagnosis? Lab & Clinical Test

(Signed) J. Joseph Tunney, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2/26 1926

20 UNDERTAKER: Henry B. Wears & Son

ADDRESS: 802 N Calvert

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07682

CERTIFICATE OF DEATH.

57

E 07682
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Milton av ST. 7-3 WARD)

2-FULL NAME Margaret B. Bunst

(a) RESIDENCE NO. 515 N. Milton av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Bunst

6 DATE OF BIRTH (month, day, and year): Oct 8 1867

7 AGE: Years 58 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank Pintzuy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Margaret Pintzuy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Adrian Schust
(Address) 515 N. Milton ave

15 Filed FEB 24 1926 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Feb 1926 that I last saw h alive on 2-21 1926 and that death occurred on the date stated above, at 8 p m

The CAUSE OF DEATH was as follows:

Mitral Regurgitation
Hypertension
Diabetes

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Fred Dunlap M. D.

1926 [illegible] N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem DATE OF BURIAL: Feb 25 1926

20 UNDERTAKER: Geo. J. Pfaff ADDRESS: 1735 Harford ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07683

CERTIFICATE OF DEATH.

129 E 07683

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Edmondson St. 16-7 WARD)

2-FULL NAME Robert H. Collison

(a) RESIDENCE No. 1028 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of or) ~~WIFE~~ of: Martha J. Collison

6 DATE OF BIRTH (month, day, and year): Dec. 26, 1844

7 AGE — Years: 81 — Months: 1 — Days: 28 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Caroline Co Md

PARENTS

10 NAME OF FATHER: Robert K Collison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Caroline Co Md

12 MAIDEN NAME OF MOTHER: Catherine Salisbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Caroline Co Md

14 Informant: Martha J Collison

(Address) 1028 Edmondson Ave

Filed 2-5-1926. C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Feb. 24 1926,

that I last saw him alive on Feb. 24 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Cellyo Condition

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Chemical. P.E.

(Signed) Helen S. Bishop, M. D.

2/25 1926 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: FEB 27 1926

20 UNDERTAKER: Geo W Little

ADDRESS 2700 EDMONDSON AVE

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07684

101-001

CERTIFICATE OF DEATH.

E 07684

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Burnell Abernathy

(a) RESIDENCE NO. 1014 N. Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Life~~ 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Sngl

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 24 1902

7 AGE — Years: 23 — Months: 1 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town) Lynnburg (State or country) Virginia

PARENTS

10 NAME OF FATHER: Green Abernathy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Rosa Wenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Green Abernathy
(Address): 1014 N. Durham st

15 Filed 2 5 1926, 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 22, 1926, that I last saw h[illegible] alive on Feb 22, 1926, and that death occurred, on the date stated above, at 7 35 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) John W. Lainey, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 25 1926

20 UNDERTAKER: Mrs. R. L. Elliott — ADDRESS: 1124 Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07685

CERTIFICATE OF DEATH.

101-001

E 07685

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 205 Madison ave ST. 11-1 WARD)

2-FULL NAME Lewis Hughes

(a) RESIDENCE NO. 1202 Madison ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hughes

6 DATE OF BIRTH (month, day, and year) Mar. 22 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Allen Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Garrettsville Md.

12 MAIDEN NAME OF MOTHER Estella Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Allen Hughes

(Address) 1202 Madison ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/17 1926, to 7/22 1926,

that I last saw h alive on 7/22 1926

and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Bruce Chittle, M. D.

July 24 1926 (Address) 1154 Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb. 25 1928
20 UNDERTAKER Mrs. M. C. Elliott	ADDRESS 172 Baltimore

Cor.—12-9-25—A Co.—200 Bks.

E 07686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 07686

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St. 26-7 Ward)

2-FULL NAME Mrs. Bessie Perry

(a) RESIDENCE NO. 340 S. 13th St St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Perry

6 DATE OF BIRTH (month, day, and year) June 15/1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, Business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____
(State or country) Va

PARENTS

10 NAME OF FATHER Calvin P. Munday

11 BIRTHPLACE OF FATHER (city or town)_____
(State or country) Va.

12 MAIDEN NAME OF MOTHER Cora A. Davis

13 BIRTHPLACE OF MOTHER (city or town)_____
(State or country) Va.

14 Informant Mabel M. Sparks (sister)
(Address) 340 S. 13th St

Filed.....19.....

B 25 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Peritonitis

(Autopsy at Hebrew Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Self Induced Abotylon

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Offutt, M. D.
(Coroner)

2/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville Va — Date of Burial 2/26 1926

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

H. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07687

CERTIFICATE OF DEATH

75-001

E 07687

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 W. Southern Ave (Lansville) ST., 27 WARD

2-FULL NAME Mary Miller

(a) RESIDENCE NO. 28 W. Southern Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND) (or) WIFE of: late Arnold Miller

6 DATE OF BIRTH (month, day, and year): Dec 7/47

7 AGE — Years: 78 Months: 2 Days: 16 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Adolph Miller

(Address): 28 W. Southern Av

15 Filed: FEB 25 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/23 1926

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to Feb 23, 1926,

that I last saw h[illegible] alive on Feb 23, 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (2 days)

Myocardial insufficiency 2 wks.

(duration) yrs. mos [illegible]n.

CONTRIBUTORY (Secondary) Hemiplegia - cerebral hemorrhage - mitral insufficiency (duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. exam

(Signed) Louis F. Schumann, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Matthews — DATE OF BURIAL: 2/26 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Bks.

E 07688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 07688

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Darley Ave ST. 8-1 WARD)

2-FULL NAME Mary R. Gottschalk

(a) RESIDENCE NO. 1633 Darley Ave ST.
(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Conrad Gottschalk

6 DATE OF BIRTH (month, day, and year): May 11/45

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Andrew Hutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Cecelia Michel

(Address): 1633 Darley av

15 Filed: 2 5 1926 G. HAMPSON JONES, M. D. Registrar

Per: K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 - 1926, to Feb 22 1926, that I last saw h[illegible]live on Feb 22 1926 and that death occurred, on the date stated above, at 9:25 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. L. Thomas, M. D.

(Address) 1228 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel

DATE OF BURIAL: 2/23 1926

20 UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07689 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 07689
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 202 N. Rose St., 6-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte G. Rippel

(a) Residence No. 202 N. Rose St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 27/25

7-AGE, yrs. 11 mos. 2 ds. 27

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Balto. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Walter Rippel

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ernestine Donley

13-BIRTHPLACE OF MOTHER (city or town) Balto. (State or Country), Md

11- (Informant) Mrs. Walter Rippel

(Address) 202 N. Rose

15- Filed 1926 Registrar.

25 1926 C. HAMPSON

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 23 1926

I HEREBY CERTIFY, That I attended deceased from Oct 19 1926 to Oct 23 1926

that I last saw h[illegible] alive on Oct 23 1926

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William A. Pickard M. D.

(Address) 1526 Eutaw Pl.

Oct. 23 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn — DATE OF BURIAL, Oct. 25 1926

20-UNDERTAKER, for E. Herr — ADDRESS 156 N. Eutaw

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07690

CERTIFICATE OF DEATH.

+49 E 07690

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A. Kelly Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lavinia P. Pollard Wm. H. Pound

(a) RESIDENCE NO. 304 Faulkner ST., WARD New Smyrna, Fla.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Wm. H. Pound.

6 DATE OF BIRTH (month, day, and year) Jan. 12 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	67	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pugwash, Nova Scotia
(State or country)

PARENTS

10 NAME OF FATHER James H. Lockhart Fulton

11 BIRTHPLACE OF FATHER (city or town) Pugwash, Nova Scotia.
(State or country)

12 MAIDEN NAME OF MOTHER Lucy King

13 BIRTHPLACE OF MOTHER (city or town) Pugwash
(State or country) Nova Scotia

14 Informant Mrs. Wm. H. Pound
(Address) Clinton

15 Filed FEB 25 1926 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to Feb. 25, 1926, that I last saw her alive on Feb. 24, 1926, and that death occurred, on the date stated above, at 2 55 a m

The CAUSE OF DEATH* was as follows:

Lymphosarcoma, general. Involved all palpable lymphatic glands. Began in glands of groin. (duration) 1 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? New Smyrna Fla

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) Robert E. Fincke, M. D.

, 19 (Address) 1418 Eutaw Place. City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mass. DATE OF BURIAL Feby 25 1926

20 UNDERTAKER Chas. S. Black ADDRESS 742 Lexington ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07691

100 801

E 07691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Division ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Carney

(a) RESIDENCE No. St. Vincents Inf. Asylum WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1924

7 AGE: Years 1 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER [redacted] Ire

11 BIRTHPLACE OF FATHER (city or town) Ire (State or country)

12 MAIDEN NAME OF MOTHER Mary Garnett

13 BIRTHPLACE OF MOTHER (city or town) Ire (State or country)

14 Informant Mary Carney

(Address) 520 Vincents Baltimore

15 Filed [illegible] 19 C. RAMPSON JONES, M. D. Registrar

3 25 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 23, 1926, that I last saw him alive on Feb 23, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio pneumonia

(duration) [redacted] yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Rachitis (duration) one yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical exam & clinical chart

(Signed) Gilbert Jaffe, M. D.

, 19 (Address) 708 E. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Feb 25 1926

UNDERTAKER: Martin Talley & Son

ADDRESS: 577 North Ave

Cor.—1-12-28—M&T—100 Bks.

E 07692 HEALTH DEPARTMENT—CITY OF BALTIMORE 188-026 E 07692

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital H-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Miller.

(a) RESIDENCE No. temporary 408 St. Paul Place. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 8, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caisson builder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 016

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mrs. Alex. Clydesdale. (Address) 445 DeKalb Av. Brooklyn. N.Y.

15 Filed Feb 25 1926, 192 C. HAMPSON JONES, M. D. Registrar

Per ---

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Pneumonia. Pressure Asphyxia Shock. Accidental giving away of sand bottom of caisson.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D. (Physician)

Feb 25, 1926 (Address) 1617 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Gould & McComas Sts. Feb. 20, 1926

Former or usual residence Brooklyn, N. Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y. London Ferry R.R.

DATE OF BURIAL Feb 25 1926

UNDERTAKER John A Denny

ADDRESS 715 Light St

Spec.—Q021 M&T 1500 Blks.

Cowher

HEALTH DEPARTMENT—CITY OF BALTIMORE

18854 E 07693

CERTIFICATE OF DEATH. +84 E 07693

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Merle Cowher

(a) RESIDENCE NO. Port Matilda ST Pa -WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Thomas Cowher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Alice Franby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

C. HAMPSON JONES, M.D.

Per ..... Registrar

2 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to Feb. 25th, 1926, that I last saw h alive on Feb 25th, 1926, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus, obstructive, etiology undetermined

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Feb. 24

Was there an autopsy? No.

What test confirmed diagnosis? Operation + Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (3) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tyrone Pa

DATE OF BURIAL 2/25/1926

20 UNDERTAKER Joseph Adams

ADDRESS 224 Ridge

Spec.—1-10-21—M&T—1500 Blks.

E 07694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1164 E 07694

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Patapsco Ave. WARD 25 Brooklyn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Yossick

(a) RESIDENCE NO. 1213 Patapsco Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katharine Zajka / Barbara Wescock

6 DATE OF BIRTH (month, day, and year): Dec 22 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
05	86	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: John Yossick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mr. Elon Yookastis (Address) 1213 Patapsco Ave

15 Filed 5 1926 C. HARRISON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 18 1925 to July 23 1926

that I last saw h— alive on July 23 1926

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows: Suppuration Thigh

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Harrison Jones, M. D.

(Address) 1213 Patapsco Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem.

DATE OF BURIAL: Feb 26 1926

20 UNDERTAKER: Chas. L. Strauss

ADDRESS: 1101 Fort Ave

E 07695 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 07695

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Charles Ave. ST., 27 WARD) Lauraville

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Kidd

(a) RESIDENCE No. 4708 Charles ave. ST. Lauraville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Judith Kidd

6 DATE OF BIRTH (month, day, and year) March 2 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 631

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Emil A. Kidd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Judith Kidd (Address) 4708 Charles ave. Lauraville

15 Filed 19 Registrar

HAMPSON JONES, M. D.

2 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 23, 1926, to Feb 24, 1926, that I last saw h alive on Feb 24, 1926, and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hamp Jones M. D.

Feb 27 1926 (Address) 4 W Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Fredk Lassahn & Sons

ADDRESS Fullerton

Spec. 1-10-21 MAT 1500 Blks.

18698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07696

CERTIFICATE OF DEATH.

+ 84 E 07696

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Mc Cullough

(a) RESIDENCE NO. Millis - Md. ST., Route WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~ Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE: Years 37 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Vincent-Mc Cullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rivards

(Address) JOHNS HOPKINS HOSPITAL, M. D.

15 [illegible] C. HAMPSON JONES, M. D.

FEB 25 1926 P.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926 to Feb 24, 1926.

that I last saw her alive on Feb 24, 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign, Glioma.

(duration) yrs. see mos + ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 2-7-26

Was there an autopsy? yes

What test confirmed diagnosis? Operation.

(Signed) H. H. Hunt, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hoffmansville Md.

DATE OF BURIAL Feb 27 1926

20 UNDERTAKER Jacob Winkelmans

ADDRESS Manchester Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07697 — CERTIFICATE OF DEATH. — 74-001 — E 07697

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1702 N. Fayette St. 19-1 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Carr

(Residence in Baltimore: No. 1702 N. Fayette St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: March 17 1865 (Month) (Day) (Year)

7-AGE: 57 yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 608

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER, James J. Carr

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER, Mary Long

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Helen Carr

(Address) 211 N. Carey St

15- MAR 25 1926 C. HAMPSON JONES, M. D. 192.. Registrar.

Per R.K.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. at once ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Horton M. D. (Coroner)

Feb 24 1926. (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, 2/26 26

20-UNDERTAKER, George A Foley — ADDRESS, Fulton & Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07698

CERTIFICATE OF DEATH.

1-4 129 E 07698

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S. Potomac ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Gardner

(a) RESIDENCE NO. 915 S. Potomac ST., WARD

(Usual place of abode)

(If non-resident give city or town and State) Virginia

Length of residence in city or town where death occurred — yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett A. Gardner

6 DATE OF BIRTH (month, day, and year) March 2-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

PARENTS

10 NAME OF FATHER Lewis Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middlesex Co. Va.

12 MAIDEN NAME OF MOTHER Elizabeth Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. J. B. Adams

(Address) 915 S. Potomac St.

15 Filed FEB 25 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb — 1, 1926, to Feb 23, 1926,

that I last saw h in alive on Feb 23, 196,

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Chr nephritis

(duration) over 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William J Denison, M. D.

, 19 (Address) 3035 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E Eager St

Spec.- 1-10-21 - M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07699

CERTIFICATE OF DEATH.

31 E 07699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank C. Grimes

(a) RESIDENCE NO. 629 Saratoga st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Poland Grimes

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Walker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed FEB 25 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1922, to Feb. 23, 1926, that I last saw him alive on Feb. 23, 1926, and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency and dilatation (duration) Unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W O McKane Jr M. D.

2-23-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Leeds.

DATE OF BURIAL Feby 26 1926

20 UNDERTAKER Fox, Lowman & Son E Ord F.F. Lowman

ADDRESS 901 Hollins St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07700 101-881 E 07700

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Club Road, Roland Park ST. 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bosley Noel Wyatt

(a) RESIDENCE NO. 5 Club Road, Roland Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3, 1847

7 AGE 78 Years 9 Months 22 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architect

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0 8 6

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER William E. Wyatt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland.

12 MAIDEN NAME OF MOTHER Margaret E. Noel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): America

14 Informant: Charles H. Wyatt

(Address): 5 Club Road, Roland Park

15 Filed FEB 25 1926 Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1911, 1918 to Feby 25, 1926, that I last saw h[illegible] alive on Feby 24, 1926, and that death occurred, on the date stated above, at 2.05 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) arterio sclerosis — duration 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs —

(Signed) Harry N. McLeavy, M. D.

2-25, 1926 (Address) 376 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: Henry H Jenkins Sons

ADDRESS: Orchard & Mulberry

Spec.—1-10-21—M&T—1500 Bks.

E 07701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07701

CERTIFICATE OF DEATH.

57

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Eastern Ave ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosanna Kimbel

(a) RESIDENCE NO. 2811 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James P. Kimbel

6 DATE OF BIRTH (month, day, and year): Apr 11-1855

7 AGE: Years 70 Months 10 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Portsmouth Va

PARENTS

10 NAME OF FATHER: Caleb Trotter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Charlotte Woodhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: James P. Kimbel

(Address): 2811 Eastern Ave

15 Filed 5 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1925, to Feb 23, 1926,

that I last saw h alive on Feb 23, 1926,

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Probable Influenza

Pneumonia (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Immunology

(Signed) D. T. Woodhouse, M. D.

2/23/26 (Address) 3018 Elwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Feby 26 1926

20 UNDERTAKER: John Ulrich

ADDRESS: 208 Orleans.

Spec.—1-10-21—M&T—1500 Bks.

(Kuemmer)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07702

E 07702

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6228 Ft. St. 26-b Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME L. Charles Kuemmer

(a) RESIDENCE NO. 6228 Ft. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys B Keyo

6 DATE OF BIRTH (month, day, and year): July 7, 1897

7 AGE: Years 25 Months 7 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Automobile Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Herman Kuemmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fannie Knoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Gladys Kuemmer

(Address): 6223 Ft

15 Filed: 2 5 1926, 19 Registrar: C. HAYDON JONES RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1926, to Feb. 24, 1926

that I last saw h[illegible] alive on Feb 24, 1926.

and that death occurred, on the date stated above, at 6:20 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos da.

CONTRIBUTORY (Secondary): Chronic Pulmonary Tuberculosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Rutkowski, M. D.

, 19 (Address) 9579 Easton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Cemetery — DATE OF BURIAL: Feby 27 1926

20 UNDERTAKER: John Ullrich — ADDRESS: 2008 Aliceanna

Cor.—1-12-23—M&T—100 Bks.

E 07703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2203 Lanley ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretto B. Boyd.

(a) RESIDENCE NO. 2203 Lanley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Boyd

6 DATE OF BIRTH (month, day, and year): Sept 17-1887

7 AGE: Years 38 | Months 5 | Days 8 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Michael Ryan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Connolly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

PARENTS

14 Informant: John A Boyd
(Address) 2203 Lanley St

Filed 1926, 192 C. HAMPSON JONES, M. D. Registrar

51926 Par KRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) yrs. mos. 1 ds.

(Signed) C. Hampson Jones, M. D.
(Coroner)

Feb 27, 192 (Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb 26 1926

20 UNDERTAKER John Leech — ADDRESS 208 Aliceanna

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07704

CERTIFICATE OF DEATH.

38

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1024 McCulloh St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Girl Strand (Twin No 2)

(a) Residence No. 1024 McCulloh St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 19, 1926

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter Strand

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Blackburn

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14-

(Informant) Mary Strand

(Address) 1024 McCulloh St

15-

Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar.

5 1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 21, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926 to Feb 21, 1926

that I last saw h[illegible] alive on Feb 21, 1926

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Maternal Syphilis. Wassermann Blood Test Positive on Feb 17th 1926

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Frederick A. Snyder, M. D.

Feb 21, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, ... 19....

20-UNDERTAKER, [illegible]

ADDRESS [illegible]

FEB 25 1926

Per Wm. S. Wyman

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07705

CERTIFICATE OF DEATH.

1626

1-PLACE OF DEATH

City of BALTIMORE: (No.) 538 W. Mulberry St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Robinson

(a) Residence No. 1538 W. Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 1 hr. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Single~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 22, 1926

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 1 hrs. 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER Charles Sisse Robinson

11-BIRTHPLACE OF FATHER (city or town) Charlestown (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, Alice Sarah Jackson

13-BIRTHPLACE OF MOTHER (city or town) Essex Co (State or Country), Va.

14- (Informant) Alice Robinson

(Address) 538 W. Mulberry St

15- FEB 23 1926 19.. C. HAMPSON JONES, M. D. (Registrar.)

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 22, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926 to Feb 22, 1926

that I last saw him alive on Feb 22, 1926

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Subpial hemorrhage of brain

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy and Phys. Exam

(Signed) Frederick A. Snyder M. D.

Feb 23 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, — DATE OF BURIAL, ..., 19....

20-UNDERTAKER, — ADDRESS —

JOHNS HOPKINS HOSPITAL

Spec.—1-12-23—M&T—500 Bks.

E 07706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07706

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Williamanna Payne

(a) RESIDENCE NO. 539 W. Cross St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Payne

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Columbus (State or country) South Carolina

PARENTS

10 NAME OF FATHER Paul Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Julia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Ollie Manning (Address) 539 Cross St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Ref Bd A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/17/26, 19, to 2/22/26, 19,

that I last saw h[illegible] alive on 2/22/26, 19

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J. Shella, M. D.

2/23, 1926 (Address) Colonial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia S. C. DATE OF BURIAL 2/25 1926

20 UNDERTAKER Samuel T. Kinsley ADDRESS 1228 Eddis

Spec.—1-12-23—M&T—500 Bks.

E 07707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07707

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 W. Southern St. 27th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Malinda German

(a) RESIDENCE NO. 14 W. Southern St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas Frederick

6 DATE OF BIRTH (month, day, and year) Sept 9 1843

7 AGE: Years 82 Months 10 Days 15 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER John Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Eschman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm G German

(Address) 14 W Southern Ave

15 Filed 5 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6th 1926 to Feb 24th 1926

that I last saw h alive on Feb 24th 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiitis

Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Manning M. D.

2-24 1926 (Address) 418 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: W. M. Cook — ADDRESS: 1226 Hoffman

Spec.—1-10-21 M&T 1500 Bks.

E 07708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07708

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3760 Rosmith ST. 20-1 WARD (Elizabeth)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Martin

(a) RESIDENCE NO. 3760 Rosmith ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis A Martin

6 DATE OF BIRTH (month, day, and year): Oct 3/1855

7 AGE: Years 70 Months 4 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Ruzzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Lillie G Smith (Address) 3760 Rosmith St

15 Feb 26, 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 25, 1926, that I last saw h[er] alive on Feb 24, 1926, and that death occurred, on the date stated above, at 3 20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Bronchitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) W. C. Hurd, M. D.

Feb 26, 1926 (Address) 4207 Fourth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: Williamson & Son ADDRESS: Balto

5 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07709 E 07709

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Belair Rd St. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence M. Haslup

(a) RESIDENCE No. 2303 Belair Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Floyd J. Haslup

6 DATE OF BIRTH (month, day, and year): May 4th 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
52	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eastern Shore Md

PARENTS

10 NAME OF FATHER: Wm. A. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore, Md

12 MAIDEN NAME OF MOTHER: Harriett Hynde

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Md

14 Informant: Chas E. Haslup

(Address) 2303 Belair Road

15 Filed ____, 19__ Registrar A.R.H.S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17

I HEREBY CERTIFY, That I attended deceased from October 5, 1925, to February 24, 1926,

that I last saw her alive on February 24th 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bright's disease

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) A. H. A. Mayer, M. D.

Feb 25, 1926 (Address) 2435 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: H. B. Kilpatrick

ADDRESS: 1855 N. Gilmor St

Spec. 1-10-21 M&T 1500 Blks.

1893 E 07710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 07710

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 18-1 WARD)

2-FULL NAME Elmer C Baker

(a) RESIDENCE No. 1000 N. Franklin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Baker.

6 DATE OF BIRTH (month, day, and year) Aug 22-1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs or ... min.
42	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Window glass Wagon

(b) General nature of Industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Summerfield Baker

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Matilda Arnold

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 FILED 5-1926 C. HAMPSON JONES, M. D. Registrar
Per ROWE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23rd 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1926, to Feb 23rd, 1926, that I last saw h[illegible] alive on Feb 23rd, 1926, and that death occurred, on the date stated above, at 9 25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia -

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) 0
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Feb 26 19

20 UNDERTAKER Joseph B Cook

ADDRESS [illegible] W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

Pauline Cusic ✓

E 07711

HEALTH DEPARTMENT—CITY OF BALTIMORE E 07711

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S. Poppleton St. ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Cusic

(a) RESIDENCE NO. 332 S. Poppleton St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 9, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	16 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Paul Cusic

11 BIRTHPLACE OF FATHER (city or town) (State or country) Marion, Ohio

12 MAIDEN NAME OF MOTHER Laura Butterworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland

14 Informant Paul Cusic
(Address) 332 S. Poppleton St.

C. HAMPSON JONES, M. D.

1926 Registrar

Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 19 26

17 I HEREBY CERTIFY, That I attended deceased from 2/22/, 1926, to 2/25/26, that I last saw h[illegible]live on 2/25/26, 19, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Double)

(duration) thirty ds. mos 6 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) Bernard P. Fenz, M. D.

(Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb. 26, 1926

20 UNDERTAKER Joseph B Cook

ADDRESS [illegible] Balto. St.

Spec.—1-10-21—M&T—1500 Blks.

E 07712

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

37 E 07712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia ~~Long~~ Sang.

(a) RESIDENCE NO. 1102 Madison Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Colored.

5 Single, Married, Widowed, ~~or Divorced~~. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 22 1909

7 AGE Years 16 Months 5 Days 1 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER James Sang

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Fennie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) James Sang 1102 E Madison St.

15 FILED 5 1926, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Feb. 23, 1926, that I last saw h[illegible] alive on Feb. 23, 1926, and that death occurred, on the date stated above, at 3.25 a. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 9

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) T. F. Bryant M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilson N. C.

DATE OF BURIAL Feb. 26 1926

20 UNDERTAKER Miss R. A. Elliott

ADDRESS 1775 Eskland Ave

Spec.—1-10-21—M&T—1500 Blks.

Dr Campbell 1644 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07713

CERTIFICATE OF DEATH.

91 E 07713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 954 Homestead ST. 9-3 WARD)

2-FULL NAME Richard C Gent

(a) RESIDENCE NO. 954 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lezdamiga Gent

6 DATE OF BIRTH (month, day, and year) Oct 30, 1845

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O RR

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Gent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hugh B Anderson (Address) 954 Homestead St

15 Filed 5 1926 Registrar RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 23, 1926

that I last saw h alive on 19

and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R.L.H. Campbell M. D.

Jan 24, 19 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Wm Cook

ADDRESS 1926 Nathan

Spec.—1-10-21—M&T—1500 Bks.

E 07714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07714

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 S. Sixth ST., 26-6 WARD)

REGISTERED NO. 1601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schmaelzle, Jr.

(a) RESIDENCE NO. 903 S. Sixth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 24-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	-	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER John Schmaelzle

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Eliz. Granville

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant John S. Schmaelzle (Address) 903 S. 6th St

15 Filed Jan 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926, to Feb 25, 1926, that I last saw him alive on Feb 24, 1926, and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Premature 7 months Foetus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Sutton, M. D.

2/25, 1926 (Address) 715 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eager st.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07715 — CERTIFICATE OF DEATH. 101-001 — E 07715

1-PLACE OF DEATH Bon Secours Hospital 16-4 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Sister Mary Hortense Murray

(a) RESIDENCE No. 2846 W. Lafayette Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 26 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	45	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Gately

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Mary Frances

(Address) 2846 W. Lafayette Avenue

15 Filed FEB 26 1926 S. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1926, to Feb. 24, 1926

that I last saw her alive on Feb. 24, 1926

and that death occurred, on the date stated above, at [redacted] A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia-left

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Libby, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/27 1926

20 UNDERTAKER Henry W. Dears & Son

ADDRESS 705 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07716

CERTIFICATE OF DEATH

129 E 07716

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 14-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dominik Balchunas or Balchunas

(a) RESIDENCE NO. 1410 Hollins St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. - mos. - ds. How long in U. S., if of foreign birth? 16 yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16. 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer No

9 BIRTHPLACE (city or town) (State or country) Lithvaian

PARENTS

10 NAME OF FATHER John Balchunas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvanian

12 MAIDEN NAME OF MOTHER Mary Zeamalis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvanian

14 Informant Geo. Balchunas
(Address) 920 Ridgy Street

15 Filed FEB 26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feb 20, 19 26, to Feb 24, 19 26.

that I last saw h alive on Feb 24, 19 26

and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Uremia Tuberculosis Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path

(Signed) [illegible] M. D.

Feby. 19 X (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 1. 1926

20 UNDERTAKER John Grebliauckas — ADDRESS 425 S Paca St.

HAMPSON JONES, M. D.

PK

C.G.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07717

CERTIFICATE OF DEATH.

47 E 07717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 E Lombard ST., 1-1 WARD)

2-FULL NAME Mary V Harris

(a) RESIDENCE NO. 2101 E Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas J Harris

6 DATE OF BIRTH (month, day, and year): Oct 12 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt

PARENTS

10 NAME OF FATHER: Isaac Day

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt

12 MAIDEN NAME OF MOTHER: Rachel J. Fotwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant (Address): Fanny Harris 2101 E Lombard

15 Filed FEB 26 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925 to Feby 23rd 1926, that I last saw h[illegible] alive on Feby 22 1926, and that death occurred, on the date stated above, at 9/40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast (right)

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 1925

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Carl V. Kothen, M. D.

Feby 25 1926 (Address) 1008 Peabody Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: Feb 26 1926

20 UNDERTAKER: Wendell Oppel & Son

ADDRESS: 373 Mn

Spec.—1-12-23—M&T—500 Bks.

E 07718

E 07718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Carrol ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Cherrie Schofield

(a) RESIDENCE No. 1345 Carrol ST., WARD South Carlem

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Schofield

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: @ home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Orange Co. N. Carolina

10 NAME OF FATHER: Jeff Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. Carolina

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

PARENTS

14 Informant: Arthur Schofield

(Address) 1345 Carrol

15 Filed 6 1926 19 Per K K Registrar

C. THAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/25 19 26

17 I HEREBY CERTIFY, That I attended deceased from 2/22, 19 26, to 2/25, 19 26, that I last saw h[illegible] alive on 2/25, 19 26, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dr. Pneumonia M. D.

2/25 19 26 (Address) 122 E Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sally S.C.

DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07719 E 07719

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH University Hospital 22-1 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S. ST., W. WARD)

2-FULL NAME Annie V. Reinhardt

(a) RESIDENCE NO. 136 W. Ostend ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Albert M Reinhardt

6 DATE OF BIRTH (month, day, and year): October 10 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
51	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Benjamin A Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah Schmick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Albert M Reinhardt Husband

(Address): 136 W. Ostend St.

15 Filed 2 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1926, to 2-22, 1926

that I last saw h[illegible] alive on 2-22, 1926

and that death occurred, on the date stated above, at 9 1/2 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel Eisch M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feb 26 1926

20 UNDERTAKER: F. A. Kramer & Son ADDRESS: 703 Hanover

Spec.—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07720

CERTIFICATE OF DEATH.

11-001

E 07720

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1710 Ethel St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Young

(a) Residence No. 1710 Ethel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: C

5-Single, Married, Widowed, or Divorced, (Write the word.): S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Jan 20 1922

7-AGE: 4 yrs. 1 mos. 1 ds. If LESS than 1 day ...hrs. or... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: Floyd Young

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Blanche Lenaway

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bergen Co NJ

14-

(Informant) Floyd Young

(Address) 1710 Ethel St

15-

Filed ..... 192.

C. HAMPSON JONES, M.D. Registrar.

FEB 26 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 24 1926

17- I HEREBY CERTIFY, That I attended deceased from February 14, 1926 to Feb 24, 1926

that I last saw h.. alive on Feb 23, 1926

and that death occurred, on the date stated above, at 9:10 A.M. on

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary): La Grippe

(Duration) yrs. mos. 10 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Disease

(Signed) W. H. Wright M.D.

(Address) 1209 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Feb 26/926
20-UNDERTAKER.	ADDRESS.
Harriet Carton	5a 22

Spec—12-23-21—E.B.R.S.—400 Blks.

E 07721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07721

CERTIFICATE OF DEATH.

Registered No. 162

1-PLACE OF DEATH

City of BALTIMORE: (No. 2546 Fourth St. Ward 2-3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bozmowski

(a) Residence No. 2546 Fourth St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) March 5

7-AGE. yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Frank Bozmowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Rosie Mrozkowski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Rosie Bozmowski

(Address) 2546 Fourth St

15- Filed 6 1926 C. HAMPSON JONES, M. D. Registrar. Per LK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 6

17- I HEREBY CERTIFY, That I attended deceased from March 4 19 26 to March 6 19 26

that I last saw h— alive on Feb. 25 19 26

and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur J. Rogers M. D.

(Address) 1201 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet | DATE OF BURIAL. Mar. 26 1926

20-UNDERTAKER. F. H. Bozmowski | ADDRESS 1938 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07722

CERTIFICATE OF DEATH.

90 E 07722

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS ST., 7-3 (WARD)

2-FULL NAME Elizabeth Vanura

(a) RESIDENCE NO. 813 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Vanura

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 68 yr; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 19 By Registrar

C. HAMPSON JONES, M. D.

3 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1925, to Feb. 23, 1926, that I last saw h alive on Feb. 23, 1926 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic myocarditis (duration) 3 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Watkins, M. D.

2/25, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 26 1926

20 UNDERTAKER: Frank Brockerson

ADDRESS: 1906 Eastland Ave

Cor.—12-9-25—A Co.—200 Bks.

Glenn Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07723

E 07723

CERTIFICATE OF DEATH.

159-002

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 W. Dulaney St. 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Glenn Hill

(a) RESIDENCE NO. 13 S. Dulaney St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3 26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Herbert Hill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Viola Duncan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant Herbert Hill

(Address) 13 S Dulaney

15 Filed Feb 26 1926 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Paramen Ovate pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. mos. ds.

(Signed) M Fenton M. D.

(Coroner)

Feb 25 1926 (Address) 102 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial Feb 26 1926

20 UNDERTAKER Edward Bryan ADDRESS 691 Orleans st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07724 — 46 — E 07724

REGISTERED NO.

1-PLACE OF DEATH Hebrew Incurable Home

City of BALTIMORE: (No. 2100 E. Balto St. 13-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Annie Kaplan

(a) RESIDENCE NO. 2125 Gallow Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 51 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Moyer Kaplan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Frida Sanet

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant

(Address) 1439 E. Balto. St.

15 Filed ..... 19 .....

Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25th - 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 19 25, to Feb 25, 19 26, that I last saw h.. alive on Feb 25 19 26 and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia of both lungs

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Levine, M. D.

, 19 (Address) 1810 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Sinai Park — Date of Burial 2-26- 19 26

20 UNDERTAKER: Jack Kunes — ADDRESS 1439 E. Balto. St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07725

CERTIFICATE OF DEATH.

31 E 07725

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1240 Orleans Street 5-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Snyder

(a) RESIDENCE NO 1240 Orleans St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Snyder

6 DATE OF BIRTH (month, day, and year): July 15 - 1870

7 AGE: Years 55 56; Months 7; Days 10; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: O'K's

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Harry Snyder

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Linsker

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E Balto St

15 Filed 3-2-26 19 C. THOMPSON JONES, M.D. Registrar

Per: K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2-25-26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19 to Feb. 25, 19 26,

that I last saw h. alive on Feb. 25, 19 26,

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2-3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac L. Snyder M. D.

2/25, 19 26 (Address) 709 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: 2-26-1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto.

326 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07726 E 07726

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals Registered No. 15-13 46

City of BALTIMORE: (No. Bay View Asylum St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Parker

(a) Residence No. 727 School Street St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, Divorced, (Write the word.) Married

5a-If married, widowed, or divorced (Husband) of (or) WIFE of Joseph Parker

6-DATE OF BIRTH (month, day and year) [illegible] 1882

7-AGE. 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, J. Curtis King

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Hattie ?

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Virginia

14- (Informant) Balto City Hospitals (Address) Clinical Records

Filed 2-26 1926 HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 23 1926

I HEREBY CERTIFY, That I attended deceased from Jan 23 1926 to Feb 23 1926 that I last saw h. alive on Feb 23 1926 and that death occurred, on the date stated above, at 30 P. m.

The CAUSE OF DEATH* was as follows:

Advanced Carcinoma Cervix Uteri
Mitral Insufficiency
(Duration) ..... yrs. 8 mos. History

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia
(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab Tests

(Signed) E. C. Champe M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL, Feb 27 1926

20-UNDERTAKER, Mrs James H Dennis per T. E. Nelson — ADDRESS 1303 Presstman St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07727

CERTIFICATE OF DEATH.

7/4-001 E 07727

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1340 Harford Ave. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes G. Casey.

(a) Residence No. 1340 Harford Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 25th. 1879

7-AGE. 46 yrs. 2 mos. ---- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town).....
(State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John Casey

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ann Casey

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country). Ireland

14- Mrs. William Morwood
(Informant).....
(Address) 1340 Harford Ave.

15- FEB 6 1926 192 C. HAMPSON JONES, M. D.
Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 25th. 1926.

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1926 to Feb. 24. 1926

that I last saw h[illegible] alive on Feb. 24 1926

and that death occurred, on the date stated above, at 10.40 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Coma.

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Mary F. Vaughan M. D.

2-26-1926 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery.	3/1/26. 19

20-UNDERTAKER. Chas. S. Kraus & Son ADDRESS 1181 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07728

CERTIFICATE OF DEATH

161-001 E 07728

1-PLACE OF DEATH West Balto. Gen. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor Ave & Fulton St., 15-1 WARD)

2-FULL NAME Jane Young

(a) RESIDENCE NO. 2913 Clifton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17-1926

7 AGE — Years: 0 — Months: 0 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Russell Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Linda Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Russell Young

(Address) 2913 Clifton Ave

15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 25, 1926, that I last saw her alive on Feb 25, 1926, and that death occurred, on the date stated above, at 4:20P m.

The CAUSE OF DEATH* was as follows:

Premature (Infant)

Inanition.

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) malnutrition

(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) A. Parker, M. D.

2/25, 1926 (Address) West Balto. Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 2-26 1926

20 UNDERTAKER: Robert Brook & Son

ADDRESS: Caton Hollins

Cor.—1-12-23—M&T—100 Bks.

E 07729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 07729

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 8th St. Fairfield. ST. 25-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Blackwell.(C)

(a) RESIDENCE NO. 29 8th. St. Fairfield. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Married.

5a If married, ~~widowed, or divorced~~ (or) WIFE of George Blackwell (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	----------	----------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware.

10 NAME OF FATHER Charles Shepard.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Laura Nichols.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant George Blackwell (C) husband.
(Address) 29 8th. St. Fairfield.

Filed 2 6 1926, 192 Per RK Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner), M. D.

Feb. 25, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Mrs. P. A. Elliott — ADDRESS 1122 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07730 E 07730

CERTIFICATE OF DEATH.

129

REGISTERED NO. 3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Handy

(a) RESIDENCE NO. 621 George St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 25. 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 years	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Post Office Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer U.S. Dept

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Victoria Handy (Address) 621 George Street

15 Filed 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 25, 1926,

that I last saw him alive on Feb. 25, 1926,

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis acute

Cardiac dilatation, acute

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

Chronic nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy & Clinical

(Signed) M. H. Foster, M. D.

, 19 (Address) Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Feb. 27 1926

20 UNDERTAKER Jno. M. Johnson — ADDRESS 1234 Ellwood St.

Spec.—1-12-23—M&T—500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07731

CERTIFICATE OF DEATH.

14-001 E 07731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Woodson Randolph

(a) RESIDENCE No. 1421 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Nannie Randolph

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Bowdoin

(c) Name of employer Mrs. Bolton

9 BIRTHPLACE (city or town) (State or country) Fincastle Virginia

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Lottie Bowen (Friend)

(Address) 1421 Madison Ave.

Filed 3 2 6 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to Feb 24, 1926, that I last saw him alive on Feb 24, 1926, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) John W. Baines M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 2/27 Feb 29 1926

20 UNDERTAKER Wm. M. Johnson

ADDRESS 1234 Ethington St.

Spec.—1-10-21—M&T—1500 Blks.

E 07732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129 E 07732

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 194 Cedar Ave ST.) (13 WARD)

2-FULL NAME Daniel Hedrick

(a) RESIDENCE NO. 194 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice B Hedrick

6 DATE OF BIRTH (month, day, and year): Feb 2 1852

7 AGE: Years 74. Months Days 22 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

015

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Alice B Hedrick 194 Cedar Ave

15 Filed 2 5 1926 19 Registrar

C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 26 to Feb 24 1926 that I last saw h— alive on Feb 24 1926 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical sign

(Signed) C [illegible], M. D.

2/25 1926 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hamp — DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 07733

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S Spring ST. 3-12 WARD)

2-FULL NAME Pearl Stevenson

(a) RESIDENCE NO. 226 S Spring ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: approx 33; Months: ; Days: ; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash D.C.

12 MAIDEN NAME OF MOTHER: Carrie Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): James Anderson Friend 226 S Spring st.

15 Filed FEB 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 24, 1926, that I last saw h W alive on Feb 23, 1926 and that death occurred, on the date stated above, at 4 55 P.m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis & Jaundice

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Hardy, M. D.

2/24, 19 26 (Address) 1425 E Monument st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: Feb 26, 26

20 UNDERTAKER: John W Henderson

ADDRESS 1602 E monument

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07734

CERTIFICATE OF DEATH.

E 07734

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2014 Cliftwood ave ST., 8 WARD)

2-FULL NAME Edgar Myers Schall

(a) RESIDENCE NO. 2014 Cliftwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos B Schall

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Penna

12 MAIDEN NAME OF MOTHER Emma M Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Pa

14 Informant Percy T Schall

(Address) 1204 E-33 St

15 Filed 2 6 1926, 19 Per Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1926, to Feb. 23, 1926, that I last saw him alive on Feb. 23, 1926, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) M Bunn Anstead, M. D.

2/25 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Feb. 26 1926

20 UNDERTAKER Wm J Pickett Sons ADDRESS North St Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07735 — CERTIFICATE OF DEATH. — 129 — E 07735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Cornell ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bell

(a) RESIDENCE NO. 608 Cornell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Maggie Bell

6 DATE OF BIRTH (month, day, and year) — 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None since 1925.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fleming & Coons

9 BIRTHPLACE (city or town) Alexandria (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Owner Mrs. (Address) 229 Vine St.

15 C. HAMPSON JONES, M. D. Registrar

FEB 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 1926, to 2/23, 1926, that I last saw him alive on 2/23, 1926, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) — yrs — mos 3 ds.

CONTRIBUTORY (Secondary) Uraemia, Chr Interstitial Nephritis (duration) over 3 years yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hypertension, Uraemia

(Signed) Dan Drinker, M. D.

2/25 1926 (Address) 1202 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Feb 26 1926

UNDERTAKER Jones Bros Holthaus & Co — ADDRESS 406 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 07736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07736

CERTIFICATE OF DEATH.

+100-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2106 Mt. Royal Ave ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thaddeus Stevens Sharretts

(a) RESIDENCE NO. 1346 Watchung ST., WARD Plainfield N.J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Power Sharretts

6 DATE OF BIRTH (month, day, and year): Nov 11 1850

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: John F. Sharretts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Martha Brereton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14 Informant: Mr. E. P. Sharretts
(Address) Peanfield N.J.

15 FILED 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Feb. 24, 1926, that I last saw him alive on Feb 24, 1926, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis: Hypertension.

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Hamman, M. D.

19 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae Cem

DATE OF BURIAL: 2-29 1926

20 UNDERTAKER: Henry A Jenkins & Sons Co

ADDRESS: Mt Lebanon Orchard

E 07737

PLACE OF DEATH

County City of Baltimore

Village or City 152 Baker St (No.) (St.) 15-12 (Ward)

2 FULL NAME Lavinia Tate

E 07737

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 90

If death occurred in a hospital or institution, give its NAME instead of street and number.) In City 6 months

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Apr 19, 1863 (Month) (Day) (Year)

7 AGE: 62 yrs. 10 mos. 5 ds. If LESS than 1 day ... hrs. or ... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Stoner
(b) General nature of industry business, or establishment in which employed or (employer): 037

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Nelson Sieber

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Williams

(Address) 152 N Baker St Balto Md

15 C. HAMPSON JONES, M. D.

Filed 2 6 1926 192 Per P.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 24 (Month) (Day) 192 6 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct 25 192 0 to Feb 24 192 6 that I last saw h alive on Feb 22 192 6 and that death occurred on the date stated above, at 3 45 P.M.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 5 yrs. ... mos.

Contributory Secondary

(Duration) ... yrs. ... mos.

(Signed) C. Wallace, M. D.

192 (Address) Boonsboro Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... da. In the State, ... yrs. ... mos. ...

Where was disease contracted, if not at place of death?

Former or usual residence: Aberdeen Md.

19 PLACE OF BURIAL OR REMOVAL: Union M. E. Cemetery Aberdeen Md

DATE OF BURIAL: Feb 28, 192 6

20 UNDERTAKER: Hy Tawney & Sons

ADDRESS: Aberdeen Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Cor.—12-9-25—A Co.—200 Bks.

E 07738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07738

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2410 Greenmount Ave St., 42-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Legg

(a) RESIDENCE NO. 2410 Greenmount Ave St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M Legg

6 DATE OF BIRTH (month, day, and year): (unknown)

7 AGE: Years: about 71 Months: Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Cordwell Co

9 BIRTHPLACE (city or town): Bath

(State or country): Md

PARENTS

10 NAME OF FATHER: John H. Legg

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A. Parkinson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: E. Wilmer Edel

(Address): 8 Evergreen Ave Hamilton

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Per ..... Registrar

3 2 6 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

2/25, 1926 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Date of Burial: Feb 26 1926

20 UNDERTAKER: W. W. Cook ADDRESS: 502 E North Ave

Spec.—1-16-21 M&T 1500 Bks.

E 07739 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07739

CERTIFICATE OF DEATH. 31 t

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.) 76-7 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gregory Lloyd

(a) RESIDENCE NO. Westminster Hotel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Lloyd Not given

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
51	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alice Gregory

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed FEB 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1926, to Feb. 23, 1926, that I last saw him alive on Feb. 23, 1926, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane M. D.

2-24-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

7740
E 07740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 E 07740

REGISTERED NO.

1-PLACE OF DEATH St Josephs Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Gilbert Hollifield.

(a) RESIDENCE NO. 2011 Homewood. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21- 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel. F. Hollifield.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard. Co. Md.

12 MAIDEN NAME OF MOTHER Allie Mae Gilbert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Harford. Co Md.

14 Informant Samuel. F Hollifield.
(Address) 2211 Homewood. Ave.

Filed FEB 6 1926 C. HAMPSON JONES, M. D., Registrar

For RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb- 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb- 4. , 1926 , to Feb- 25 , 1926 ,

that I last saw him alive on Feb- 25 , 1926 ,

and that death occurred, on the date stated above, at 7:12 p m.

The CAUSE OF DEATH* was as follows:

Appendicitis (acute)
Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia- exhaustion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Feb- 4- 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Monro. M. D.

Feb 25 1926 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery DATE OF BURIAL Feb. 28 1926

20 UNDERTAKER J. Tolliam & Son ADDRESS 1123 E. Oday

Spec.—1-10-21—M&T—1500 Blks.

7741

E 07742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 01 E 07741

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 Steele St. W-3 WARD)

2-FULL NAME. Katie May Hiltner.

(a) RESIDENCE NO. 21 Steele ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of John F. Hiltner

6 DATE OF BIRTH (month, day, and year) Nov. 11th 1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
3-	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (own) 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer H Wisner

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Brauner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna A. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John F. Hiltner

(Address) 21 S. Steele St.

Filed FEB 26 1926 C. HAMPSON JONES, M.D. Registrar

Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1925, to Feb. 23 1926, that I last saw h.. alive on Feb. 21 1926, and that death occurred, on the date stated above, at 7.55 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) E. E. Fraser M. D.

2.23 1926 (Address) 716 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb 27 1926
20 UNDERTAKER	ADDRESS
George L. Schwab	2101 Eutaw Pl

7742

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07742 — E 07742

CERTIFICATE OF DEATH.

REGISTERED NO. 429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Ramsay WARD 21-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Huebscher Sr.

(a) RESIDENCE No. 1927 Ramsay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Huebscher

6 DATE OF BIRTH (month, day, and year) June 14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Louisville Ky
(State or country)

PARENTS

10 NAME OF FATHER Charles L. Huebscher

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Summers

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Mrs Katherine Huebscher
(Address) 1927 Ramsay St.

15 Filed 6 1926 — 19 H. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to Feb 24th, 1926,

that I last saw him alive on Feb 24, 1926,

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hemiplegia - arterio-sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy exam - clinical

(Signed) Louis E. Brunemeier M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb. 27 1926

20 UNDERTAKER George L. Schmidt ADDRESS 1401 Eutaw Pl.

Spec.—1-10-21—M&T—1500 Bks.

E 7743 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07743

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Hallins St. W-4 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Colley

(a) RESIDENCE NO. 2105 Hallins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Colley

6 DATE OF BIRTH (month, day, and year) Jan 31-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	V	22 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER W. H. Colley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Heiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

14 Informant Mrs Mollie Speak

(Address) 2105 Hallins St

15 Filed FEB 28 1926 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1926, to Feb 22 1926, that I last saw him alive on Feb 22 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

Signed E Heller Henning M. D.

2/25 1926 (Address) 2007 Hallins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 26 1926

20 UNDERTAKER George L. Schwab ADDRESS 2101 Fulk Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07744

CERTIFICATE OF DEATH.

E 07744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST., 7-2 WARD)

2-FULL NAME Doris Schmidt

(a) RESIDENCE NO. 901 N Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Ruth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Henry Schmidt

(Address) 901 N Broadway

15 Filed 2 6 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1926, to Feb 24, 1926, that I last saw her alive on Feb. 24, 1926, and that death occurred, on the date stated above, at 12⁰⁰ midnight

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

2/26 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Feb 26 1926

20 UNDERTAKER Henry Hoerdt Son — ADDRESS 1301 E Eager St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07745 — CERTIFICATE OF DEATH. — E 07745

1-PLACE OF DEATH — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Univ Hosp. (St.) W-1 (Ward)

2-FULL NAME Thomas J. O'Neill

(a) RESIDENCE NO. Ellicott City Md (St.) ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 42 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy V. O'Neill

6 DATE OF BIRTH (month, day and year) April 4, 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Thomas O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Cooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs Anita A. Rupkert

(Address) 694 Longwood St Balto

Filed FEB 26 1926 THOMPSON JONES, INC.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock Accident
Fracture of Neck-
Fracture of R. Shoulder

(Duration) ..... yrs. ..... mos. 4½ ds.

CONTRIBUTORY (Secondary) Edema of Brain

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G C Yates M. D.

Feb 25 1926 (Coroner) (Address) 145 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary Church Cem.	Mar. 1 1926
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07746 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07746

CERTIFICATE OF DEATH.

Registered No. 100 001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 E. Hoffman St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas M. Smith

(a) Residence No. 2022 E Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 23/1905

7-AGE, 20 yrs. 4 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9-BIRTHPLACE (city or town) City (State or Country),

PARENTS.

10-NAME OF FATHER, John W. Smith

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER Elizabeth Miller

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) Elizabeth Smith

(Address) 2022 E. Hoffman

15- Dec 26 1925 C. HAMPSON JONES, M. D. Registrar.

Per PK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 23/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1926 to Feb 23 1926

that I last saw h[illegible] alive on Feb 23 1926

and that death occurred, on the date stated above, at 12 20 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY Exhaustion (Secondary)

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Phy Exam

(Signed) G. C. Blades M. D.

Feb 24 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Pk

DATE OF BURIAL. 2/27 1926

20-UNDERTAKER. Philip Herwig

ADDRESS 206 Aliceanna St

Cor—12-9-25—A Co.—200 Bks.

E 07747

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-001 E 07747

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2103 E Balto St., 1 Ward)

2-FULL NAME William R Riley

(a) RESIDENCE NO. 918 N Patterson Park Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Riley

6 DATE OF BIRTH (month, day, and year) May 1st 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	40	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer Gas Co.

9 BIRTHPLACE (city or town) _____

(State or country) Salt Lake City

PARENTS

10 NAME OF FATHER Joseph W Riley

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Salt Lake City

12 MAIDEN NAME OF MOTHER Elizabeth Moore

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Salt Lake City

14 Informant Joseph W Riley

(Address) 918 N Patterson Park Ave

15 Filed _____, 19___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by illuminating gas

Accident

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Wm M Fuller M. D. (Coroner)

2/25 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk

Date of Burial 2/27 1926

20 UNDERTAKER Philip Henry

ADDRESS 1016 Orleans St

Per H. C. HAMILTON JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07748

E 07748

CERTIFICATE OF DEATH.

33

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 Bowers Ct St. 18-1 Ward)

2-FULL NAME Sarah. Garland

(a) RESIDENCE NO. 410 Bowers Ct St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: Colr

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 11 1912

7 AGE: Years 13 Months 4 Days 13

If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none.

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Andrew Garland

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Octavia Miller

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant (Address): Octavia Miller 410 Bowers

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

FEB 26 1926 Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, Physician or Inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculous Empyema

Tuberculosis Enteritis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) (Coroner) M. D.

Feb 26 1926 (Address) 1637 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester County Va. Date of Burial: Feb 26 1926

20 UNDERTAKER: Wm R.G. Elliott ADDRESS 1125 Eastlandon

E 07749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 225½ N. Mount St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora Annie Stevens

(Residence in Baltimore: No. 225½ N. Mount St. 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Cold

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1876 (Year)

7-AGE: about 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): So. Carolina

PARENTS:

10-NAME OF FATHER: Tony Harrison

11-BIRTHPLACE OF FATHER, (State or Country): S. C —

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): So. Ca —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Stevens

(Address) 225½ N. Mount St

15-

Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

FEB 26 1926

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, Feb 24 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration) ..... yrs. ..... mos. ..... ds

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds

(Signed) Thos. B. Norton M. D (Coroner)

Feb 24 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Ashury Cemtry — DATE OF BURIAL: Feb 26 1926

20-UNDERTAKER: Mrs. R. G. Elbert — ADDRESS: 1225 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07750

CERTIFICATE OF DEATH.

X 124

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Guy C. Parker

(a) RESIDENCE NO. 1023 Patterson Ave. ST., Roanoke, Virginia WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Decorator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. E. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Roena Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Julia Hicks

(Address) 545 N. McElroy St

15 Filed , 19 Per Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-23 , 1926 to 2-24 , 1926

that I last saw him alive on 2-24 , 1926

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

General anasarca

Rheumatic Cardio-Vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Samuel Kirk, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irving Va

DATE OF BURIAL Feb 26 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N Monte

Spec.—1-10-21—M&T—1500 Bks.

E 07751

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 07751

CERTIFICATE OF DEATH.

70-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Edmondson ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph L. Schiffer

(a) RESIDENCE No. 3317 Edmondson ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25, 1861

7 AGE — Years: 64 Months: 4 Days: — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Schiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Haun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Miss Elizabeth Schiffer

(Address): 3317 Edmondson Ave

15 Filed: MAR 6 1926

C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 25 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/23, 19 26, to 2/25, 19 26,

that I last saw h[illegible] alive on 2/25, 19 26,

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) George L. Drane, M. D.

Feb 26 1926 (Address) 1601 Mount Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: New Cathedral — DATE OF BURIAL: March 1, 1926

20 UNDERTAKER: Geo W Little — ADDRESS: 2708 EDMONDSON AVE

Spec. 1-10-21 M&T 1500 Bks.

1893 S

E 07752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 76-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fulson Lewis

(a) RESIDENCE No. 5th ave & 26th ST., WARD Va

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
75-80 -			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Trader

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed 6 1926, 19 JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1926, to Feb 25th, 1926, that I last saw h alive on Feb 25th, 1926, and that death occurred, on the date stated above, at 9 50 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5. ds.

CONTRIBUTORY (Secondary) Emphysema, cardiac failure

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Chester S. Keefer, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 27 19 26

20 UNDERTAKER John F Denny — ADDRESS 915 Lig

Spec.—8-24-14—M. & T.—2000 Bks.

E 07753

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 07753

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Henrietta St.; W. W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa S. Haas.

(Residence in Baltimore: No. 7 E. Henrietta St.; 71 yrs., 0 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 21st (Day), 1840 (Year)

7-AGE, 85 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Fredrick Schlarb

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Louisa Frye

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Haas

(Address) 7 E. Henrietta

15-

Filed ....., 191.....

Registrar.

6 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24 (Day), 1926 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 18th 1926, to Feb. 24th 1926, that I saw her alive on Feb. 24th 1926, and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Mary Cook Rollins M. D.

2-25, 1926 (Address) 710 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 27th, 1926

20-UNDERTAKER E. Schlossmann's Son ADDRESS 139 Hanover

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07754 E 07754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 141 N. Streeper St. (6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank D. Smith

(a) RESIDENCE NO. 141 N. Streeper WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a ~~Married~~, widowed, ~~or divorced~~

HUSBAND of (or) ~~WIFE of~~ Annie V. Long

6 DATE OF BIRTH (month, day, and year) 12/22/1858

7 AGE Years 67 Months 2 Days 2 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Ice Vessel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mary Long

(Address) 141 N. Streeper St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

6 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to Feb. 25, 1926, that I last saw him alive on Feb. 23, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs 4 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) E. L. Cranson M. D.

2.25.26. 19 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 3/1 1926

20 UNDERTAKER Hall & Haley Sons ADDRESS 1316 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 07755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07755

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 25-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Fitz Patrick

(a) RESIDENCE No. 221 Hamburg ST. 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Fitz Patrick

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 54 Months unknown Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Polin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Tobin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Hope Retreat

(Address): Mrs Hope Retreat

15 6 1926 .19 C. HAMPSON JONES, M. D. Registrar

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4 .1924. to Feb 25th .1926.

that I last saw h[illegible] alive on Feb 26 1926.

and that death occurred, on the date stated above, at 2.05 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Adhesive Phthisis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Depressive Psychosis

unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

.19 (Address) Hygeia 20. Rustleton Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 2/27/ 1926

20 UNDERTAKER: J. F. Waghorn

ADDRESS: 151 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 07756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07756

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver ST., (WARD) 9-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Norris

(a) RESIDENCE NO. Millenbeck, Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Irene Clark Norris

6 DATE OF BIRTH (month, day, and year) Dec 15 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster County Va.

PARENTS

10 NAME OF FATHER William O Norris

11 BIRTHPLACE OF FATHER ~~(City or town)~~ (State or country) Lancaster Co Va

12 MAIDEN NAME OF MOTHER Sarah Spillman

13 BIRTHPLACE OF MOTHER ~~(City or town)~~ (State or country) Lancaster Co Va

14 Informant Patient himself

(Address)

15 ....., 19.... Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-26 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1926, to Feb 26, 1926, that I last saw him alive on Feb. 26, 1926, and that death occurred, on the date stated above, at 12:20 Am.

The CAUSE OF DEATH* was as follows:

Malignancy of Liver
(Cancer of Liver)
(Cancer of Stomach) 5 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path.

(Signed) H. R. McConnell M. D.

Feb 26 1926 (Address) 5 E Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millenbeck Va. Balto & Va. Steamboat Co

DATE OF BURIAL Feb 26 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec. 1-10-21—M&T—1500 Blks.

E 07757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07757

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Clair Lane Downey St., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence V. Morris

(a) RESIDENCE NO. St Clair Lane ST., WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard H. Morris

6 DATE OF BIRTH (month, day, and year): 2/28 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bridgeport Conn

PARENTS

10 NAME OF FATHER: Robert Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Richard H. Morris

(Address) St Clair Lane

15 6 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1925, to Feb 25, 1926,

that I last saw her alive on Feb 24, 1926

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary bladder

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 0

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Klinger, M. D.

26, 1926 (Address) 2700 Hartford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 2/27 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1780 Hartford Av

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07758 E 07758

CERTIFICATE OF DEATH.

REGISTERED NO. 1001 E 07758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST. 76-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Sparton

(a) RESIDENCE NO. 3321 Myrtle Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 15 1925

7 AGE: Years | Months 10 | Days 9 10 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City (State or country)

PARENTS

10 NAME OF FATHER Wm. Sparton

11 BIRTHPLACE OF FATHER (city or town) Penn (State or country)

12 MAIDEN NAME OF MOTHER Anna Martinsupp

13 BIRTHPLACE OF MOTHER (city or town) Mass (State or country)

14 Informant Anna Sparton

(Address) 3321 Myrtle Ave

15 Filed 2 6 1926

16 C. HARRISON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-20-26, 19 , to 2-24-26, 19 .

that I last saw h(er) alive on 2-24-26, 19 .

and that death occurred, on the date stated above, at 4p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab

(Signed) Arthur A Cope M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jew Cathedral Cem

DATE OF BURIAL 2/27/1926

20 UNDERTAKER J J Moran

ADDRESS 30 E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 07759

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 07759

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Patterson Pk. Ave ST., 8-3 WARD)

2-FULL NAME Agnes Augusta Rothenhofer

(a) RESIDENCE NO. 2025 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rothenhofer

6 DATE OF BIRTH (month, day, and year): July 5, 1874

7 AGE: Years 21 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas M. Hechter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Smyrnovci Austria

12 MAIDEN NAME OF MOTHER: Agnes Funk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sec Czecho-Slovakia

14 Informant (Address): Thomas M. Hechter 805 N. Patterson Pk. Ave

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per R C P

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1. 1925. to Feb. 24. 1926

that I last saw h[illegible] alive on Feb. 24. 1926

and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) Laurence L. Foster M. D.

19 (Address) 845 N. Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cemetery

DATE OF BURIAL: Feb. 27 1926

20 UNDERTAKER: Robt J. Turner Inc

ADDRESS: 1427 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 07760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07760

CERTIFICATE OF DEATH.

21-356

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Dover ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Thornton

(a) RESIDENCE NO. 727 Dover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 9 of March 1925

7 AGE: Years — Months: 11 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: J. Hugh Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hester Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant

(Address)

6 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/25/26 19

17

I HEREBY CERTIFY, That I attended deceased from 2/11/, 1926, to 3/25 3/1926.

that I last saw h- alive on 3/18/26, 19

and that death occurred, on the date stated above, at 6:30 A m

The CAUSE OF DEATH* was as follows:

Rachitis

Malnutrition

(duration) — yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed Bernard Fenny, M. D.

3/27/26 (Address) 904 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Baltimore City Health Dept.
FEB 26 1926

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07761

CERTIFICATE OF DEATH.

100 801 E 07761

1-PLACE OF DEATH

City of BALTIMORE: (No. 1207 E Biddle St., 10th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. David Hughes

(a) Residence No. 1207 E Biddle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, single or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 6/27/24

7-AGE. 1 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Richard Hughes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Charlotte Ford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Inez Quarton Herman

(Address) Govans Md

15- Filed C. HAMPSON JONES, M. D., Registrar.

6 1926 Per ARP

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-25-26

17- I HEREBY CERTIFY, That I attended deceased from 2-15 1926 to 2/25 1926

that I last saw h/im alive on 2-25 1926

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. 1 ds

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 14 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Usual signs

What test confirmed diagnosis?

(Signed) Dane Fuller M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn	Feb 27. 1926
20-UNDERTAKER	ADDRESS
Quarton Fahey & Son	1021 Eutaw Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07762 10 E 07762

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 1-1 WARD)

2-FULL NAME Joseph Seebold

(a) RESIDENCE NO. 2102 Fleet St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 9, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER John Seebold

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Frances Zapalowicz

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant (Address) John Seebold 2102 Fleet St

15 Filed 6 1926 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1926, to Feb 25, 1926, that I last saw him alive on Feb 25, 1926, and that death occurred, on the date stated above, at 6 55 p m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Laryngeal Diphtheria

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pos. Digh Culture

(Signed) Myron S. Tull, M. D.

Feb. 26, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Hamilton Cem — DATE OF BURIAL: Feb 26 1926

20 UNDERTAKER: John McWeber — ADDRESS: 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 07763 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07763

CERTIFICATE OF DEATH.

91 200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Garrison Blvd. ST. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin F. Watson Jr

(a) RESIDENCE NO. 3008 Garrison Blvd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred About 60 years. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Watson

6 DATE OF BIRTH (month, day, and year): June 28, 1858

7 AGE — Years: 67 — Months: 7 — Days: 27 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila. Pa.

PARENTS

10 NAME OF FATHER: Benjaman F. Watson Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila. Pa.

12 MAIDEN NAME OF MOTHER: Elz. Sinclair

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa.

14 Informant (Address): Elz. Hoffman Watson 3008 Garrison Blvd.

15 Filed 1926 — C. HAMPSON JONES, M. D. Registrar — Per RPS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 10, 1926, to Feb. 25, 1926, that I last saw him alive on Feb. 24, 1926 and that death occurred, on the date stated above, at 12.17 P. m.

The CAUSE OF DEATH* was as follows:

Prostate Obstruction

(duration) 3 yrs. — mos 15 ds.

CONTRIBUTORY (Secondary): General Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo Hemmeter, M. D.

Feb. 26, 1926 (Address) 3002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. — DATE OF BURIAL: Feb. 27 1926

20 UNDERTAKER: Margaret J. Flynn — ADDRESS: 1422 Light St

Spec. 1-10-21 M&T 1500 Blks.

E 07764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07764

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 S. Charles ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora L. Joyce

(a) RESIDENCE NO. 1811 S Charles ST. 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Joyce

6 DATE OF BIRTH (month, day, and year): April 10 1892

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
33	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Luke McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Casey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John F. Joyce

(Address) 1811 S Charles St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

6 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Feb 24, 1926

that I last saw h alive on Feb 24, 1926

and that death occurred, on the date stated above, at 9.24 P. m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis

(duration) Indefinite yrs mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. F. Campbell M. D.

Feb 26, 1926 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: 2/27 1926

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St

Spec.—12-9-25—A Co.—200 Bks.

Pucelli

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 07765

CERTIFICATE OF DEATH.

E 07765

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 224 S. Eight St St. 76-6 Ward)

2-FULL NAME Antony Pucelli

(a) RESIDENCE NO. 224 S. Eight St St. 76 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9-1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Isadore Pucelli

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Andre

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant 224 S. Eight St.

(Address) Anthony Pucelli.

6 1926 C. HAMPSON JONES, M. D. Registrar

Per PRD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-1— 1926, to 2-24, 1926, that I last saw h. alive on 2-24, 1926, and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Catarrhal Bronchitis.

(duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) S. Demuro, M. D.

2-26. 1926 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Sacred Heart Cem. Feb. 27th 1926

20 UNDERTAKER City Ind Zeile ADDRESS 403 S. Wolfe St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07766

CERTIFICATE OF DEATH.

E 07766

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Patapsco St., North 13-4 WARD)

2-FULL NAME Sarah E. Brown

(a) RESIDENCE No. Sykesville Md ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Lucinda Brown

6 DATE OF BIRTH (month, day, and year) Aug 1 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	68	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER Brown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant George E. Brown.
(Address) 2544 N. Fairmount Ave

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar
Per Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 24-1926, 19.. to Feb 27th, 1926, that I last saw him alive on Feb 24th, 1926, and that death occurred, on the date stated above, at 4 15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home (Sykesville)

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) H. A. Longnecker, M. D.

Feb 28 1926 (Address) 1727 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Cemetery Sykesville Md

DATE OF BURIAL Feb 27 1926

20 UNDERTAKER Harry H Witzke

ADDRESS 1531 W Lombard St

Spec.—8-24-14—M. & T.—2000 Blks.

E 07767

HEALTH DEPARTMENT—CITY OF BALTIMORE

89E 07767

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 ½ Fulton Ave ST.: WARD 15th 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Eckman

(Residence in Baltimore: No. 1311 ½ Fulton ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, Nov 18 1866 (Month) (Day) 1 (Year)

7-AGE, 59 5 8 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bedford Co Pa.

PARENTS.

10-NAME OF FATHER, Peter B Fruiner

11-BIRTHPLACE OF FATHER (State or Country), Bedford Co Pa

12-MAIDEN NAME OF MOTHER Barbara Fink

13-BIRTHPLACE OF MOTHER (State or Country), Bedford Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Eckman

(Address) 1311 Fulton Ave

15-

Filed C. HAMPSON JONES, M. D.

1926 Per RRA Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25 (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 191... to Feb 25 191..., that I saw h... alive on Feb 25 191..., and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Acute Hypostatic Pneumonia)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. H. Jones M. D.

191... (Address) 1311 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedarcroft Cemetery Westertown

DATE OF BURIAL, Feb 29th 1926

20-UNDERTAKER Leo G Brook

ADDRESS 1731 Poll. Pk Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07768

CERTIFICATE OF DEATH.

118 E 07768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-6 WARD)

2-FULL NAME Harry Simms

(a) RESIDENCE NO. 1809 Eager St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 12. 1902

7 AGE: Years 23 Months 6 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): W. R. R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John T. Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Nettie Layton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Nettie Simms

(Address) 1331 West St.

15 [illegible] 6 1926

C. HAMPSON JONES, M. D. Registrar

Per R F W

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 24 1926 to Feb 24 1926.

that I last saw him alive on Feb 24 1926.

and that death occurred, on the date stated above, at 12:20 p. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) yrs. mos. 1 dy.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/5/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) J. Joseph Toulson, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem.

DATE OF BURIAL: Feb 27th 1926

20 UNDERTAKER: Leo G. Cook

ADDRESS: 1731 Patt Pk Ave

E 07769 HEALTH DEPARTMENT—CITY OF BALTIMORE 170 E 07769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 2104 N. Pratt St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John DePola

(Residence in Baltimore: No. 743 N. Saratoga St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Nov (Month) 3rd (Day) 1894 (Year)

7-AGE. 31 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country): Italy

PARENTS:

10-NAME OF FATHER: D. DePola

11-BIRTHPLACE OF FATHER, (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Anna Sansone

13-BIRTHPLACE OF MOTHER, (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony DePola

(Address) 63 Jones Ave, Rochester

15- Filed FEB 27 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 25 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Brain

Suicide — Shot self in head (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. P. Norton M. D. (Coroner)

Feb 26 1926 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem DATE OF BURIAL Feb 27th 1926

20-UNDERTAKER. A. Jones ADDRESS 1115 S. Gilmor

Spec.—1-10-21—M&T—1500 Rls.

Dr Drain 127 Columbia Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07770

CERTIFICATE OF DEATH.

129 E 07770

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1203 Scott ST. 41-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Mogwitz.

(a) RESIDENCE NO. 1203 Scott ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E Mogwitz

6 DATE OF BIRTH (month, day, and year): Oct 21, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Julius Mogwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Mogwitz

(Address) 1203 Scott St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-1, 1926, to 2-25, 1926, that I last saw h- alive on 2-25, 1926, and that death occurred, on the date stated above, at 12:03 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 1203 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lynchburg Va — DATE OF BURIAL: Feb 27 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07771 | CERTIFICATE OF DEATH. | 57 E 07771

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2605 N. Charles ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah F. Booz

(a) RESIDENCE NO. 2605 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Booz

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Ferguson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Conn.

12 MAIDEN NAME OF MOTHER Rhoda Hergesheimer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant William B. Booz
(Address) 2605 N. Charles St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25 1926

17 I HEREBY CERTIFY, That I attended deceased from November 19, 1926, to February 25, 1926, that I last saw her alive on February 25, 1926 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) George M. Ottke M. D.

2/26/26 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 2/27 1926

20 UNDERTAKER Henry W. Means & Son

ADDRESS 800 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07772

CERTIFICATE OF DEATH.

90

E 07772

1-PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4214 Wrenwood Ave. ST. WARD) 27-9

2-FULL NAME Louisa Mason James

(a) RESIDENCE NO. 4214 Wrenwood Ave. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
---

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	80	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant (Address) Mrs. Frank G. Edmondson 904 St. Paul Street.

15 Filed 7 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1926, to Feb 26, 1926, that I last saw h[illegible] alive on Feb 26, 1926, and that death occurred, on the date stated above, at 11 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. D. Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: 2/27 1926

20 UNDERTAKER: Henry W. Meares & Son — ADDRESS: 508 N. Calvert

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07773

CERTIFICATE OF DEATH.

12 E 07773

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forrest ave & Franklin Rd ST.) 28-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Tompkins

(a) RESIDENCE NO. Forrest ave & Franklin Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Julian M Tompkins

6 DATE OF BIRTH (month, day, and year): February 16 1860

7 AGE: Years 76 | Months — | Days 10 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hampden Co Va

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Caline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Julian M Tompkins (Address) Forrest ave & Franklin Road

15 FEB 7 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/25 1926

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1926, to Feby 25, 1926.

that I last saw her alive on Feby 24, 1926.

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH was as follows:

Atrophy of Liver and Yellow Fever

Heart.

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary): Same

(duration) — yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo L Eberhart M. D.

2/25 1926 (Address) Woodlawn P.O.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Mch 1926

20 UNDERTAKER: George Schilling & Sons

ADDRESS: [illegible]

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07774 — CERTIFICATE OF DEATH. — 129 E 07774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1614 Aisquith St (St.) (Ward) 9-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Reilly

(a) RESIDENCE. No. 1614 Aisquith St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Reilly

6 DATE OF BIRTH (month, day, and year) 12 23 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Timothy Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Alice Barre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Cath Rosenstein

(Address) 1614 Aisquith St

15 71926 16 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 19 26 to July 26 19 26

that I last saw her alive on July 25 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

a Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis A White Jr. M. D.

19 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 8/1 19 26

20 UNDERTAKER George J Ruth — ADDRESS 1730 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

07775

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-002 E 07775

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rosella Nyce (Nyce)

(a) RESIDENCE NO. 2052 W. Hayward Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed or divorced, ~~HUSBAND of~~ (or) WIFE of John Howard Nyce

6 DATE OF BIRTH (month, day, and year) June 14 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Michel Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary B. Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John Howard Nyce 2052 Hayward Av

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25- 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1920, to Feb. 25, 1926, that I last saw h[illegible] alive on Feb. 25, 1926 and that death occurred, on the date stated above, at 12 [illegible] P. M. m.

The CAUSE OF DEATH* was as follows:

Pontal Sinusitis.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Date of Feb. 8, 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Boyd, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 19

20 UNDERTAKER Chas. E. Branch

ADDRESS 502 Madison Av

Cor.—12-9-25—A Co.—200 Bks.

E 07776 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 07776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 516 N. Collington Ave 7-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C. Wohner

(a) RESIDENCE NO. 516 N Collington Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 25/1877 1877

7 AGE: Years 48 48; Months 2; Days 27; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Garage

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: William Wohner

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Lastner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md

14 Informant: Mary Buchsbaum (sister)

(Address): 510 N. Collington Ave

15 Date 7 1926 19 A. C. HAMPSON JONES, M. D. Registrar

by RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. L. Collins M. D.

(Coroner)

2/26/20 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Can Town Co Date of Burial: Feb 28 19

20 UNDERTAKER: Louis Heemann ADDRESS: 32 S Broadway

Spec.—1-12-23—M&T—500 Blks.

Cole

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07777

CERTIFICATE OF DEATH.

10-101 E 07777

70-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Penrose Ave. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. Cole

(a) RESIDENCE NO. 1805 Penrose Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie S. Cole

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William S. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Georgeanna Grah

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant (Address) Mrs. Mamie Cole 1805 Penrose Ave.

15 FEB 27 1926 . 19 C. HAMPSON JONES, M. D. Registrar

Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 19 26, to Feb. 26, 19 26, that I last saw h alive on Feb. 26, 19 26, and that death occurred, on the date stated above, at 2:00 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kemp Waller, M. D.

2/27/26 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	March 1 19 26
20 UNDERTAKER	ADDRESS
Henry Storck Son	1301 E Eager

Cor.—1-12-23—M&T—100 Bks.

E 07778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07778

CERTIFICATE OF DEATH. 100-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Myrtle Ave ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl L- Anderson

(a) RESIDENCE No. 207 Myrtle Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE colord

5 Single, Married, Widowed, or Divorced (write the word) baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of baby

6 DATE OF BIRTH (month, day, and year) Feb 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2 years	2	feb	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Laura Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) John anderson 207 myrtle ave

15 Filed . 192 C. HAMPSON JONES, M. D. Registrar

1926 Feb 26

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Bronchitis

(Duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) H. C. Eady, M. D.

Feb 25 1926 (Address) 1437 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cemetery — DATE OF BURIAL Feb 27 1926

20 UNDERTAKER Lottie Groer — ADDRESS 1405 McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

E 07779

HEALTH DEPARTMENT—CITY OF BALTIMORE

57 E 07779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 521 W Saratoga ST.; 41 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L Walker

(Residence in Baltimore: No. 521 W Saratoga st St.; 5 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Ethiopian

5-~~SINGLE,~~ MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 8, 1870 (Month) (Day) (Year)

7-AGE, 55 50 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Oyster Cleaner

9-BIRTHPLACE, (State or Country), S. Carolina

PARENTS.

10-NAME OF FATHER, Edmund Walker

11-BIRTHPLACE OF FATHER (State or Country) S. Carolina

12-MAIDEN NAME OF MOTHER Alice

13-BIRTHPLACE OF MOTHER (State or Country) S. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mae B. Walker

(Address) 521 W. Saratoga

15-

Filed ..... 191.... C. HAMPSON JONES, M. D. Registrar.

7 1926 per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925 to Feb 23 1926, that I saw h alive on Feb 23 1926, and that death occurred, on the date stated above, at 7:15 a.m.

The CAUSE OF DEATH was as follows:

Pat had a abscess hemorrhage Dec 25/25 fatty Cirrhosis Pulmonary tuberculosis, and Pat Diabetes Mell (Duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) yrs. mos. 5 ds.

(Signed) [illegible] M. D.

....., 191... (Address) 4240 Green St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemy DATE OF BURIAL. Feb 26 1926

20-UNDERTAKER Lottie Gross ADDRESS 1485 McElderry

Spec.- [illegible] M&T 1500 Bks.

1893 80 E 07780

HEALTH DEPARTMENT—CITY OF BALTIMORE E 07780

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 26-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 26 WARD)

2-FULL NAME Henry Thorfinnsson

(a) RESIDENCE No. 4707 Eastern Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Olle Thorfinnsson

11 BIRTHPLACE OF FATHER (city or town) Iceland
(State or country)

12 MAIDEN NAME OF MOTHER Louise Walla

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1926, to Feb 26th, 1926, that I last saw h[illegible] alive on Feb. 26th, 1926, and that death occurred, on the date stated above, at 2.20 A. m.

The CAUSE OF DEATH* was as follows:

Acute, Diffuse scleroderma.

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Chester S. Keefer, M. D.

....., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland — DATE OF BURIAL Mar 2 1926

20 UNDERTAKER Woodcock — ADDRESS 502 E. Madison

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07781

E 07781

CERTIFICATE OF DEATH. 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 8-2 WARD)

2-FULL NAME Bessie Worley

(a) RESIDENCE NO. 1715 N. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Kauffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address)

15 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4 1925 to Feb. 26 1926, that I last saw h[illegible] alive on Feb. 26 1926, and that death occurred, on the date stated above, at 2:50 P.M.

The CAUSE OF DEATH* was as follows:

Post Encephalitic Parkinson's Syndrome

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) D. Lindsay Miller. M. D.

2/26 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL March 1926

20 UNDERTAKER Wm Cook & Son ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07782

CERTIFICATE OF DEATH.

100-00

E 07782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest A. Leitch

(a) RESIDENCE NO. 1043 Waldier ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX.	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Leitch

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	64 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tobacco Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Feb. 26 1926.

that I last saw him alive on Feb. 26 1926

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Cellulitis of face

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Lindsay Miller M. D.

2/26 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Mar 1 1926

20 UNDERTAKER: Lemmon ADDRESS: 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07783 E 07783

CERTIFICATE OF DEATH.

123

1-PLACE OF DEATH University Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Lombard & Green ST. 21-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth White

(a) RESIDENCE NO. 5564 Maple Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter White

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	52	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Morlan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs Agnes Omoha

(Address) 5564 Maple Ave

15 2 7 1926 . 16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-23- .1926. to 2-27 .1926.

that I last saw her alive on 2-27 .1926,

and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Cholangitis & Cholelithiasis

Cholecystectomy done 2-26-26

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema and acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 2-26-26

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam. & Op. findings and operation Gall Stones

(Signed) Eva F. Dodge, M. D.

.19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Lancaster Md Feb 27 1926

20 UNDERTAKER — ADDRESS

Leonard Cook 19 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 07784

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07784

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (NO. Little Sisters of the Poor STREET) 1027 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McGuigan

(a) RESIDENCE NO. Preston & Valley Sts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas McGuigan

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Annie Shirley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence, Little Sisters of the Poor

(Address)

15 Filed ... 1926 Registrar

C. HAMPSON JONES, M. D.

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from No record, 19 ... to ... 19 ...

that I last saw her alive on July 14, 1926,

and that death occurred, on the date stated above, at 7½ a. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

July 26, 1926 (Signed) F. A. Warner, M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: March 1926

20 UNDERTAKER: J. C. Windfield — ADDRESS: 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Blks.

E 07785 HEALTH DEPARTMENT—CITY OF BALTIMORE 3 CE 07785

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 W Cross ST. 21-3 WARD)

2-FULL NAME Claude Saffield

(a) RESIDENCE No. 1020 W. Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 15 1885

7 AGE — Years: 40 — Months: 3 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) a A County Md

PARENTS

10 NAME OF FATHER Richard Saffield

11 BIRTHPLACE OF FATHER (city or town) (State or country) a A County Md

12 MAIDEN NAME OF MOTHER Mary A E Sheahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Nellie Saffield (Address) 1020 W Cross

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Feb 26, 1926,

that I last saw h— alive on Feb 25, 1926,

and that death occurred, on the date stated above, at 3 05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

Feb 26 1926 (Address) Highland Park Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 1 1926

20 UNDERTAKER: George J Smith — ADDRESS (51) Hollins

Spec. 39-21 M&T 1500 Bks.

1926 E 07786 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07786

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-1 ST., -WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Hundertmark

(a) RESIDENCE NO. Belair Ave Park Hts, Md -WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 12 - 1925

7 AGE: Years — Months 10 — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frederick Hundertmark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Feb 7 1926

16 Per

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1926, to Feb. 26th, 1926, that I last saw him alive on Feb. 26th, 1926, and that death occurred, on the date stated above, at 12 35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander Schaffer, M. D.

19 (Address) J.H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Feb 29 1926

20 UNDERTAKER: Robt. T. Turner Inc

ADDRESS: 1442 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 07787 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07787

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2642 Bernard St (WARD) 12-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith R. Lee

(a) RESIDENCE NO. 2642 Bernard St WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓ ✓

6 DATE OF BIRTH (month, day, and year): Dec 24 1924

7 AGE: Years 1 Months 2 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: James Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carlina

12 MAIDEN NAME OF MOTHER: Martha Burgis 2-26-1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant: James Lee (Address) 2642 Bernard St

Filed B 2-7 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 20 1926 to Feb 26 1926.

that I last saw h alive on Feb 26 1926.

and that death occurred, on the date stated above, at 645 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davies, M. D.

(Address) 8001 Bay Ridge

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden DATE OF BURIAL: Feb 27 26

20 UNDERTAKER: Chenoweth Son ADDRESS: 2647 Chestnut

Spec.—1-10-21—M&T—1500 Blks.

E 07788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07788

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 Rosedale St (St.) 16-L (Ward)

2-FULL NAME Susan J. Robinson

(a) RESIDENCE NO. 611 Rosedale St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Robinson

6 DATE OF BIRTH (month, day, and year): Oct 15 1870

7 AGE — Years: 35 Months: 4 Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: W M Mallicoat

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Carrie Morehouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: S Robinson (Address) 611 Rosedale St

15 Filed: 7 1926 — C. HAMPSON JONES, M. D. Registrar — Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1926, to Feby 26, 1926, that I last saw h[er] alive on Feby 26, 1926, and that death occurred, on the date stated above, at 10 1/2 - 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 10 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum examination

(Signed) Stuart F. Stuart, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Caney Crk Mt Airy Md — DATE OF BURIAL: March [illegible] 1926

20 UNDERTAKER: George J Smith — ADDRESS: Hollins

Spec. A 10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07789 (1826) E 07789

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 7-1 ST., WARD) REGISTERED NO.

(If death occurred in a Hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Herbert

(a) RESIDENCE NO. Essex, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May 26, 1923

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 2 — Months: 9 — Days: 29 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Fred S. Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Evelyn Faith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Feb 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per Resd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1926, to Feb 25th, 1926, that I last saw her alive on Feb. 25th, 1926, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Pertussis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X ray

(Signed) Thos W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: 2/27/26

20 UNDERTAKER: John G. Connelly — ADDRESS: Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 07790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001 E 07790

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2103 East O 1 St. 1-1 Ward)

2-FULL NAME Rosa A Duncan

(a) RESIDENCE NO. 2103 E Belle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank D. Duncan

6 DATE OF BIRTH (month, day, and year) 12 7 92

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	33	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer 045

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John Duncan

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto Md

14 Informant Joseph Mitchell Jr

(Address) Baltimore

15 Filed _____ 19 C. HAMPSON JONES, M. D.

1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating Gas accidental

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) H Hudson M. D.

(Coroner)

2/26 1926 (Address) 702 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Feb. 27 1926

20 UNDERTAKER L. Sander Sons Inc ADDRESS 1710 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07791

CERTIFICATE OF DEATH. 100-006

E 07791

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1014 N. Eutaw ST. (WARD) 11-2

2-FULL NAME Daisy Annie May Brown

(a) RESIDENCE NO. 1014 N. Eutaw ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Brown

6 DATE OF BIRTH (month, day, and year): May 11 1896

7 AGE: Years 29 Months 9 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Glouster County Va

PARENTS

10 NAME OF FATHER: John Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: James Brown (Address) 1014 N. Eutaw St.

15 Filed 7 1926 (19) C. HAMPSON JONES, M. D. Registrar

Per R P A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926, to Feb. 25, 1926, that I last saw her alive on Feb 24, 1926 and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 14 (7) ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Belcher, M. D.

, 19 (Address) 825 N. Fremont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glouster County Va

DATE OF BURIAL: Feb. 27 1926

UNDERTAKER: Mrs. K. A. Elliott

ADDRESS: 1725 Ashland ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07792 E 07792

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore City Hospitals T.B. (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora L Lanford

(a) RESIDENCE NO. 1115 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? Unknown ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Lanford

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Central America

PARENTS

10 NAME OF FATHER Joseph Garbutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Central America

12 MAIDEN NAME OF MOTHER Martha Lovell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Central America

14 Informant Hosp Records (Address)

15 Filed 2 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to Feb 21, 1926, that I last saw he alive on Feb 20, 1926, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Probably Sub-Acute Bacterial Endocarditis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Terminal

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. D. McFarlane M. D.

Feb 1926 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

E 07793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07793

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 W Lafayette St. 16-6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hall

(Residence in Baltimore: No. 1110 W Lafayette St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, May (Month) (Day) 1925 (Year)

7-AGE, ...yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, none
(b) General nature of industry, business, or establishment in which employed (or employer),

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) [illegible]

15- 1926 Feb 26 19.. C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner.)

Feb. 25 1926 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND FEB 27 1926

E 07794

HEALTH DEPARTMENT—CITY OF BALTIMORE 07794

CERTIFICATE OF DEATH. 159-002

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1017 N. Stricker ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hutchins

(Residence in Baltimore: No. 1019 N. Stricker St St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Feb. 24, 1926 (Month) (Day) (Year)

7-AGE, (O.K.) T.K. yrs. mos. ds. If LESS than 1 day, hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Will West

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maud Hall

13-BIRTHPLACE OF MOTHER (State or Country), La.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud Hutchins

(Address) 1017 N. Stricker St

15- Filed ..... P.M. ....., 191.... RPH

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 24, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Patent foramen Ovale

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. J. Kennerly M. D. (Coroner)

Feb. 25, 1926 (Address) 1 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

C. HAMPSON JONES, M. D. UNIVERSITY OF MARYLAND

7 1926

Spec.—1-10-21—M&T—1500 Bks.

E. 07795 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 07795

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH St Joseph's Boys 27-1 REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Oliver Sts WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Harding

(a) RESIDENCE NO. Friendly Inn, Shop St ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 27 Months Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant

(Address)

2/27 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 20, 1926, that I last saw him alive on Feb 20, 1926, and that death occurred, on the date stated above, at 4:30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab & Clinical

(Signed) Theodore D. Jones, M. D.

2/20 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Undertaker Hospital

FEB 27 1926

$1.50 THE MORGUE

E 07796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 07796

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 405 New St. St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. 405 New St. St.: yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Unknown

6-DATE OF BIRTH, about ..... (Month), ... (Day), 185[illegible] (Year)

7-AGE, 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) ..... ?

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. W. Dept. Police

(Address) Fremont ave.

15-1926 C. HAMPSON JONES, M. D.

Filed ....., 191.... Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Jones M. D.
(Coroner.)

Feb. 25, 1926 (Address) 1802 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
City Register of Vital Statistics
FEB 27 1926
STATE OF MISSOURI

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07797 E 07797

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No.) N. Broadway ST., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Orilla Walters

(a) RESIDENCE NO. 1511 N. Caroline ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	N	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph G Walter

6 DATE OF BIRTH (month, day, and year) June 14 62

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Richard E Ford Md

PARENTS

10 NAME OF FATHER Richard E. Ford

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Joseph G Walter (Address) 1511 N Caroline

15 Filed 7 1926 C. HAMPSON JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925 to Feb. 26, 1926 that I last saw her alive on Feb. 26, 1926 and that death occurred, on the date stated above, at 12:30a.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis, broncho-pneumonia,

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis & nephritis

Diabetes (duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. Smith, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park Burn DATE OF BURIAL March 1926

20 UNDERTAKER H. M. Routson ADDRESS 2238 W. North

Spec. 1921 M&T 1500 Blks.

8947

E 07798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-1 ST., WARD)

REGISTERED NO. 140-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin F. Parker

(a) RESIDENCE NO. Limestone, Tenn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn -

PARENTS

10 NAME OF FATHER Gibson Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Hannah Early

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1926, to Feb 26th, 1926, that I last saw h-m alive on Feb. 26th, 1926, and that death occurred, on the date stated above, at 4.32 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Benign Prostatic hypertrophy for 1½ yrs)

Pneumonia (duration) 5 weeks (months) ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) Paul G. Culley, M. D.

, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson City Tenn DATE OF BURIAL 2/27/26

20 UNDERTAKER Joseph Ahrens ADDRESS 221 Bway

Spec.—1-1-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07799

E 07799

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Lafe Smith

(a) RESIDENCE NO. Bluefield, W. Va ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknow

6 DATE OF BIRTH (month, day, and year) unknow

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	45.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) unknow

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Feb 7 1926 ..., 19 ..... Registrar

C. HAMPSON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27th, 1926, to Feb 24th, 1926, that I last saw him alive on Feb 24th, 1926, and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of parotid gland

~~Bronchopneumonia~~

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Bluefields, W. Va.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S. Keefer, M. D.

..., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bluefield W. Va	Feb. 28 1926
20 UNDERTAKER	ADDRESS
Richard F. Carley	1621 01. Ave. N. St.

Spec.—1-15-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07800 38 E 07800

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (St.) 28th (Ward)

2-FULL NAME Sarah A. Faber

(a) RESIDENCE No. Mt Hope Retreat St. 28th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of: Mr Faber

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
abt	51	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Archibald McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Katherine Kuhlhein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): (?) Germany

14 Informant (Address): Records at Mt Hope Retreat Mt Hope Retreat

15 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1925, to Feb 25th, 1926,

that I last saw h[illegible] alive on Feb 25, 1926,

and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Paresis.

abt (duration) 1 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary): Paralytic Dysphonia.

abt (duration) 1 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? W. Feb +

(Signed) Frank J Flanning M. D.

Feb 25, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 1926

20 UNDERTAKER: Richard F. Curley — ADDRESS: 1621 W. Fay St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 07801

E 07801

CERTIFICATE OF DEATH.

27-2

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. _____ Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Iva V. Rote

(a) RESIDENCE NO. 5311 Reistertown Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Rote

6 DATE OF BIRTH (month, day, and year) May 17/1887

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	38	8 9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Hampstead Md

PARENTS

10 NAME OF FATHER Melchoir Cox

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Reese

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md

14 Informant (Address) Edward C. Tipton Hampstead Md

Filed FEB 20 1926 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia (Terminal)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Brain Abcess & Meningitis

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. S. Bacon, M. D. (Coroner)

2/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead Md Date of Burial 3/1 1926

20 UNDERTAKER Edw. C. Tipton ADDRESS Hampstead

Cor.—12-9-25—A Co.—200 Bks. Gama Theodora Nelson Kirkwood

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07802

CERTIFICATE OF DEATH.

74-001.

74 E 07802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hotel Belvedere St. 11-3 Ward)

2-FULL NAME Mrs. Irwin Kirkwood

(a) RESIDENCE NO. Kansas City Mo St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Irwin Kirkwood

6 DATE OF BIRTH (month, day, and year): Feb 14 1883

7 AGE: Years 43 Months Days 13 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Kansas City Mo

(State or country)

PARENTS

10 NAME OF FATHER: W. R. Nelson

11 BIRTHPLACE OF FATHER (city or town): Indiana

(State or country)

12 MAIDEN NAME OF MOTHER: Ida Hairston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ill.

14 Informant: Thone S. Kirkwood

(Address): 220 Somerset R

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.)

find that said deceased came to h death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

(Address) 1639 Woodbury

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kansas City Mo — Date of Burial: 2-28 1926

20 UNDERTAKER: Henry W. Jenkins & Son — ADDRESS: Pratt and Eutaw

B 28 1926

Spec. 1-10-21 M&T 1500 Blks.

E 07803

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 127 E 07803

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

2-FULL NAME Arthur Chester Levering, Jr.

(a) RESIDENCE NO. Ridgewood, Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 13, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	7	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arthur Chester Levering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Nancy Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

328 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926, to Feb 26, 1926, that I last saw h[illegible] alive on Feb 26, 1926, and that death occurred, on the date stated above, at 7 1 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

6 d

(duration) 4 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander Schaffer M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Feb 28 1926

20 UNDERTAKER Henry H. Perkins & Sons Co

ADDRESS McCulloh & Orchard Sts

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07804

CERTIFICATE OF DEATH.

18-001

E 07804

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 Madison St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Meyers

(a) RESIDENCE NO. 120 Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Meyers

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years: about 75 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Geo. Meyers

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs. Meyers

(Address) 1417 Eastern Ave

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1926

17 I HEREBY CERTIFY, That I ~~took charge~~ of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intoxicated Hernia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) yrs. mos. 2 ds.

(Signed) James M Hinton M. D.

(Coroner)

2 28 1926 (Address) 707 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemetery Date of Burial: 3 1 1926

20 UNDERTAKER: George & Ruth ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07805

CERTIFICATE OF DEATH.

91-002

E 07805

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4913 Liberty Heights Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francesco Miccichè

(a) RESIDENCE No. 4913 Liberty Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Miccichè

6 DATE OF BIRTH (month, day, and year): 1/5 1832

7 AGE: Years 94 Months 1 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ———— dd

(b) General nature of industry, business, or establishment in which employed (or employer): ————

(c) Name of employer: ————

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Francesco Testa

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Angela Logrande

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1923 to Feb. 26, 1926.

that I last saw her alive on Feb. 22, 1926.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pearson M. D.

2.27.26. (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Rosaria Fertitta 4913 Liberty Heights ave

15 Filed 2 28 1926 19 Per R.L. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 3/1 1926

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07806

CERTIFICATE OF DEATH.

44 E 07806

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 N Frederick St. 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter J Hughes

(a) RESIDENCE NO. 19 N. Frederick St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W Irish	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 8 25 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55 yrs	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER C Hughes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland ~~Scotland~~

12 MAIDEN NAME OF MOTHER Mary King

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Walsham

(Address) 2017 Hamilton a

15 Filed ....., 19 .....

12-8-1925 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dis. Gall bladder probably Cancer

(duration) Arthritis ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Petty M. D.

(Coroner)

Feb 24, 1926 (Address) 1439 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial 3/1 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

E 07807

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 07807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at B-V

City of BALTIMORE: (No. Balt City Hospital St., 5 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Coursey

(a) RESIDENCE NO. 4 Cooksey Ct St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured typhic aneurism

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. mos. ds.

(Signed) James H Fenton M. D.

(Coroner)

2, 19 (Address) Love Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07808 90 E 07808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Westerling Ct. St., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Calenkir

(a) RESIDENCE NO. 1013 Westerling Ct. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 63; Months —; Days —; If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook 61

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Coleman

(Address): 1013 Westerling Court

15 Filed FEB 8 1926 HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-25 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/24, 1926, to 2/25, 1926,

that I last saw h[illegible] alive on 2/25, 1926,

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Cordiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornstein, M. D.

2/27, 1926 (Address) 733 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Bens — DATE OF BURIAL: 2/1 1926

20 UNDERTAKER: Jas. H. Skinner — ADDRESS: 1625 E. Madison

Spec. 1-10-21 M&T 1500 Bks.

E 07809 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-9-01 E 07809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5103 Wesley Ave St. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. ~~Zilla~~ Zella L. Linthicum

(a) RESIDENCE NO. 5103 Wesley Ave. STREET Howard Park WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John N Linthicum

6 DATE OF BIRTH (month, day, and year): Oct. 12 - 1875

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
50	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo N. Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Fannie Noble

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John N Linthicum 5103 Wesley Ave

15 Filed ..... 19 ..... Registrar

FEB 28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby. 26, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feby. 1922 to Feby. 26 " 1926.

that I last saw her alive on Feby 24 " 1926

and that death occurred, on the date stated above, about 5.15 p. m.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage, on cardiac lesion. Was dying when husband waked & dead when seen by me 1/2 hr. later. Blood pressure was 185 & a heart valve lesion. Quite ill when I saw her two days ago. She was very obese.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Sphygmomanometer & auscultation, O. H. Hoffman M. D.

(Signed) 2/26. 1926 (Address) 3400 Hallendale Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Mar 1 1926

UNDERTAKER: W J Tuckner Son

ADDRESS: N. & Pa.

Spec.—1-10-21—M&T—1500 Blks.

07810

HEALTH DEPARTMENT—CITY OF BALTIMORE

07810 E

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3145 Cedar Ave. St., 13-7 (Ward)

2-FULL NAME Sarah J. Kidd

(a) RESIDENCE NO. 3145 Cedar Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Kidd

6 DATE OF BIRTH (month, day, and year): Oct 10 1856

7 AGE: Years 69 | Months 4 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Wilmington Del

PARENTS

10 NAME OF FATHER: James S. Coyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anna A. Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr Crawford C. Kidd

(Address): 3145 Cedar Ave

15 Filed: FEB 28 1926 Per: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1925 to Feb 27 1926 that I last saw h alive on Feb 26 1926 and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Acute Endocarditis

Unknown

(duration) yrs mos ds.

CONTRIBUTORY (Secondary): Oedema & Dropsy

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jefferis Cook M. D.

2/27 1926 (Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Salem Cem. Wilmington Del

DATE OF BURIAL: Feb 28 1926

20 UNDERTAKER: Wm J Fletcher Sons

ADDRESS: Monthly

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07811

CERTIFICATE OF DEATH.

9 E 07811

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2518 Maryland Ave (ST.) 12-3 (WARD)

2-FULL NAME Mary E. Upp.

(a) RESIDENCE NO. 2518 Maryland Ave ST. WARD Penna.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W. Upp.

6 DATE OF BIRTH (month, day, and year): Oct. 30 1850

7 AGE — Years: 75 — Months: 3 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: James Park

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Welcken

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: James P. Upp (Address) 1323 Linden Ave

15 Filed . 19 . Registrar

FEB 28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 7th, 1926 to Feby 26, 1926

that I last saw h- alive on Feby 25, 1926

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hypertension

(Signed) Frederick L. Chase M. D.

. 19 (Address) 2827 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Mar 1 1926

20 UNDERTAKER: Wm J Tuckner Sons

ADDRESS: Norfolk Va

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07812

CERTIFICATE OF DEATH.

E 07812

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1455 Carrington Pl.

CITY OF BALTIMORE: No. 500 E. Fort Ave ST. 24th WARD)

2-FULL NAME William Fort Canby 3rd

(a) RESIDENCE No. 500 E. Fort Ave ST. 24th WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19, 1924

7 AGE — Years: 1 — Months: 3 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER William F. Canby Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER Helen Pitzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Elkridge Maryland

14 Informant (Address): William F Canby Jr 500 E. Fort Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 27, 1926, that I last saw him alive on Feb 27, 1926, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) 0 yrs. 0 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

. 19 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: 3/1 1926

20 UNDERTAKER: L. Frew McCully

ADDRESS: 130 E Fort

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

001.

100 E 07813

E 07813

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (WARD) 1-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Berman

(a) RESIDENCE NO. 2923 O'Donnell ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Berman

6 DATE OF BIRTH (month, day, and year) May 15-1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
49	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 04

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simcus Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Finkelstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mary Berman

(Address) 2923 O'Donnell St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 27, 1926, that I last saw h[illegible] alive on Feb 27, 1926, and that death occurred, on the date stated above, at 12:45 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Broncho-Pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab. + Clinical Test

(Signed) Arthur A. Cupa, M. D.

2/27 1926 (Address) Hebrew Hospital

*(State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cem

DATE OF BURIAL 2/28 1926

ADDRESS

20 UNDERTAKER Jack Lewis 1429 E Baltimore St

[illegible] 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07814

CERTIFICATE OF DEATH.

109-001

E 07814

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. Balto WARD)

2-FULL NAME Eusebio de Domenicis.

(a) RESIDENCE NO. 39 South East ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White. Italian

5 Single, Married, Widowed, or Divorced, (write the word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): Aug 10 - 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ulisse de Domenicis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna Panciotti

13 BIRTHPLACE OF MOTHER (~~City or~~ town) (State or country): Italy

14 Informant: father

(Address)

15 Filed FEB 28 1926

H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926, to Feb 26, 1926, that I last saw him alive on Feb 26, 1926, and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Emp.

Bronchpneumia (duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Emphysema Right side (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Feb 24/26

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) E L Woods, M. D.

2/26 1926 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem.

DATE OF BURIAL: 3/1 1926

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 ✓ E 07815

E 07815

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1929 N Payson St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferrel Smith

(a) RESIDENCE NO. 1929 N Payson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Smith

6 DATE OF BIRTH (month, day, and year): July 38 1857

7 AGE: Years 71 | Months Two. | Days —— | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 014

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Garrison Smith

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Bessie Ostrosky

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Ida Smith

(Address): 1929 N. Payson St

15 Filed ..... 19 .....

2 8 1926 P.M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1925 to Feb 28 1926, that I last saw h[illegible] alive on Feb 27 1926, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) Chas. L. Friedman, M. D.

2/28 1926 (Address) 1515 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen Circle Cem Date of Burial 2/28 1926

20 UNDERTAKER: Jack Levis ADDRESS 1439 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 07816

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 E 07816

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1013 W. Lafayette ave ST., 16 WARD)

2-FULL NAME Mary Elizabeth Miller

(a) RESIDENCE NO. 1013 W. Lafayette ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

PARENTS

10 NAME OF FATHER Peter P. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hemmerbad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Henry Wagner (Address) 1013 W. Lafayette ave

15 Filed ..... 19 ..... Registrar

B28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 20th, 1926, to Feby 26, 1926, that I last saw h[illegible] alive on Feby 26, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chr Bronchitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt J Murray, M. D.

2-27, 1926 (Address) 510 N. Fremont ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park | DATE OF BURIAL: 3/1/26

20 UNDERTAKER: Chas Weber & Son | ADDRESS: 2503 Edmondson

Special 10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1854

E 07817

49 E 07817

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Faust

(a) RESIDENCE NO. 2616 E Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Faust

6 DATE OF BIRTH (month, day, and year) March 6 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	77	10 11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Faust

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Philomina Faust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 28 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25th 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1925, to Feb 25th, 1926, that I last saw h alive on Feb 25th, 1926, and that death occurred, on the date stated above, at 10 50 a m.

The CAUSE OF DEATH* was as follows:

(Carcinoma of Penis
Granulation of Corpus
Cellulitis Corpus Prostatic
Hypertrophy (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of 1-11-26

Was there an autopsy? Partial

What test confirmed diagnosis?

(Signed) Howard W Kerr M. D.

(Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL March 1926

20 UNDERTAKER Kendall Offelbaum ADDRESS 878 N

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07818

REGISTERED NO. 44 E 07818

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2804 Riggs Ave. St. 16-3 Ward)

2-FULL NAME Sarah Adeline Owings (Owens)

(a) RESIDENCE NO. 2804 Riggs Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marcellus Owings (Owens)

6 DATE OF BIRTH (month, day, and year) July 12th 54

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Howard Co Md

PARENTS

10 NAME OF FATHER David Bell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wilbur R. Owings

(Address) # 2 Church Ave Balto

Filed FEB 28 1926 HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1924, to Feb 25th, 1926, that I last saw h.. alive on Feb 25th at ..., 1926, and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & Physical findings

(Signed) Herbert E. Zepp, M. D.

2/25/26 (Address) 3648 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md Date of Burial Feb 28 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 07819

CERTIFICATE OF DEATH.

E 07819

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST., 22-1 WARD)

2-FULL NAME John Woods

(a) RESIDENCE No. 422 S. Pace st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Woods

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to Feb. 27, 1926,

that I last saw him alive on Feb. 27, 1926,

and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Lung Abscess

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X Ray & Autopsy

(Signed) Monroe Lane Jr. M.D.

2-27-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincents — DATE OF BURIAL Mar 2 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

2-28 1926 HAMPTON JONES, M.D. Registrar

For ... MK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07820

CERTIFICATE OF DEATH.

3 E 07820

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 York Rd ST. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida String Maslin

(a) RESIDENCE NO. 5705 York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos Maslin

6 DATE OF BIRTH (month, day, and year): Dec 8, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	01	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Kent Co Md

PARENTS

10 NAME OF FATHER: Thos String

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co Md.

12 MAIDEN NAME OF MOTHER: ~~Sarah~~ Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pr Geo Co

14 Informant: Per Miller F. Brannock

(Address): 5905 York Road

15 Filed FEB 28 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Feb. 27, 1926, that I last saw her alive on Feb. 26, 1926, and that death occurred, on the date stated above, at 10.45 A m.

The ~~CAUSE~~ OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hoen, M. D.

2-27 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Hall Kent Co Md

DATE OF BURIAL: Mar 2 1926

20 UNDERTAKER: Thompson Jones, M. D.

ADDRESS: Towsontown Md

Spec.—1-10-21—M&T—1500 Bks.

E 07821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 E 07821

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Poplar Grove St. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Burdette Thompson

(a) RESIDENCE NO. 1811 Poplar Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 4-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Newport (State or country) Ind.

PARENTS

10 NAME OF FATHER John Wise Thompson

11 BIRTHPLACE OF FATHER (city or town) Newport (State or country) Ind.

12 MAIDEN NAME OF MOTHER Mary Gardner

13 BIRTHPLACE OF MOTHER (city or town) Dentaville (State or country) Ind.

14 Informant Mary Thompson (Address) 1811 Poplar Grove St.

15 Filed ... 19... Registrar

FEB 28 1926 LAWSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27- 1926

17 I HEREBY CERTIFY, That I attended deceased from February, 1924, to February 27, 1926, that I last saw him alive on February 26, 1926, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Epilepsy.

(duration) 4 yrs. — mos — ds.

CONTRIBUTORY (Secondary) none.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Chester Piland, M. D.

2-27-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lotharia, Charles Co, Md

DATE OF BURIAL: March 1926

20 UNDERTAKER: Wilbur Cook

ADDRESS: 372 E Woodbine

E 07822 HEALTH DEPARTMENT—CITY OF BALTIMORE 10 07822

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1100 W.m Cullen St. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Williams

(Residence in Baltimore: No. 1100 W.m Cullen St. St.: yrs., mos. ds.) 2

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widow

6-DATE OF BIRTH, about (Month), (Day), 1868 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Stanton

(Address) 1100 W.m Cullen St.

15-

Filed ....., 191.... RC Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Feb. 27, 1926 (Address) 2802 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wilson N. C. DATE OF BURIAL, Feb 28/1926

20-UNDERTAKER Daniel Easton ADDRESS 916 Same

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07823 | 29 | E 07823

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Winchester ST., 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Houston

(a) RESIDENCE NO. 1403 Winchester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.: 54

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Charles Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Lena Thomas

(Address) 1403 Winchester St

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26/1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1925 to Feb 26, 1926, that I last saw h[illegible] alive on Feb 26, 1926 and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Nephritis

(duration) yrs. 11 mos 16 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. M. Hatcher, M. D.

2/27/1926 (Address) 1 Grs Po Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt Auburn Cem

DATE OF BURIAL: Feb 28/1926

20 UNDERTAKER: Sam'l Carter

ADDRESS 916 Park

Cor.—1-12-23—M&T—100 Bks.

E 07824

HEALTH DEPARTMENT—CITY OF BALTIMORE

103 E 07824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 325 Pierce ST. 173 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Boones-

(a) RESIDENCE NO. 325 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

070

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant Sarah Myers
(Address) 421 Hall St

Filed FEB 28 1926, 193

G. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

(Signed) G. Hampson Jones, M. D.
(Coroner)

Feb 26/26, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 27 1926
20 UNDERTAKER Harris Easton	ADDRESS 916 Park Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07825

CERTIFICATE OF DEATH.

90 E 07825

REGISTERED NO.

1-PLACE OF DEATH Removed to 92-1

City of BALTIMORE: (No. Johns Hopkins Hosp St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ferguson

(a) RESIDENCE NO. 513 Burgundy alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Ferguson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant friend

(Address) 513 Burgundy alley

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to my death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis following Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hanlon, M. D.
(Coroner)

2-27-1926 (Address) 706 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 28 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Dolphin

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07826

100-001

CERTIFICATE OF DEATH.

E 07826
REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Druid Hill ave ST. 42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Snead

(a) RESIDENCE NO. 413 Druid Hill ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col.
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 23/1924

7 AGE: Years 1 — Months 9 20 — Days 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9 BIRTHPLACE (city or town) Salt Creek
(State or country) Virginia

PARENTS

10 NAME OF FATHER Louis A Snead

11 BIRTHPLACE OF FATHER (city or town) Buffalo
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Morgan

13 BIRTHPLACE OF MOTHER (city or town) Salt Creek
(State or country) Virginia

14 Informant John Morgan
(Address) 413 Druid Hill ave

15 Filed ..... 19 ..... Registrar
B 28 1926 or ..... H.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1926 to Feb 26 1926, that I last saw her alive on Feb 24 1926, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Tuberculosis unknown
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Chas J Keller M. D.

Feb 27 1926 (Address) 222 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem — DATE OF BURIAL: Feb 27/26

20 UNDERTAKER: Daniel Easton — ADDRESS: Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 07827

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 828 Rabory (St.) 18-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia Jones

(a) RESIDENCE. NO. 828 Rabory ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of .

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) d

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Louis Nagel
(Address) P & P Railway Co

15 Filed . 19 . HAMILTON JONES, M.D. Registrar

B 28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 . 19 26 . to Feb 27 . 19 26 .

that I last saw h alive on Feb 27 . 19 26 .

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of N

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Noonan M. D.

Feb 28 . 19 (Address) 939 or Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 28/926

20 UNDERTAKER: Daniel Carter

ADDRESS: Bare

Spec.—1-10-21—M&T—1500 Blks.

E 07828 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07828

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Schroeder St. 18-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Washington

(a) RESIDENCE NO. 122 Schroeder St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 50 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henson Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Maria Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Gertrude Figgens

(Address) 122 Schroeder St.

15 Filed FEB 28 1926, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-25- 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 , 1926 , to Feb. 25 , 1926 ,

that I last saw her alive on Feb. 25 , 1926 ,

and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis.

about

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Epon. Urine

(Signed) Thos. C. McCarthy , M. D.

, 19 (Address) 2410 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Feb 28/26

20 UNDERTAKER: Wane Earley

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07829

CERTIFICATE OF DEATH.

10-001 E 07829

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No.) Fayette & Calhoun ST. 30-5 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Bender

(a) RESIDENCE NO. 613 S Payson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda Bender

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work night watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mrs Johanna Renner
(Address) 613 S. Payson St

15 Filed [illegible] 19 [illegible] Registrar H. HARRISON JONES, M. D.

8281926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from February 25, 1926, to Feb 27, 1926, that I last saw h[illegible] alive on Feb 27, 1926, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at work

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory Tests

(Signed) [illegible] M. D.

Feb 27, 1926 (Address) Franklin Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Mar. 1, 26

20 UNDERTAKER George L. Schmidt ADDRESS 101 Eutaw Pl.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07830

CERTIFICATE OF DEATH.

185 E 07830

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 829 N. Collington Ave. 7-2 Ward)

2-FULL NAME Vaclav Misek

(a) RESIDENCE NO. 829 N. Collington Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Misek

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wagon-Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 007

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Antonia Misek

(Address) 829 N. Collington Ave

15 Filed 3-28 1926, 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure- Hemorrhagic Meningitis. Accidently fell from step ladder while at work on Oct 16/25 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Collins M. D.

(Coroner)

2/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Mar 1 1926

20 UNDERTAKER Frank Eccles Son ADDRESS 1906 Eastland

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07831

CERTIFICATE OF DEATH.

19 E 07831

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles H. Netter.(C)

(a) RESIDENCE NO. 801 Plum Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 3 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of Eliza Netter(C)

6 DATE OF BIRTH (month, day, and year) November 24, 1887.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	38	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Eliza Netter(C) wife.
(Address) 801 Plum Alley.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage, due to a pistol shot wound of the external carotid artery.
Homicide.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Feb. 27, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
In front of 815 Plum St. Feb. 24, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Feb 28 1926

20 UNDERTAKER Wm. H. Hofer & Son ADDRESS 908 N. Carey St.

28 1926 PK

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07832 118 E 07832

CERTIFICATE OF DEATH.

E 07832
1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 624 S. Fremont St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John Obersneider

(a) Residence No. 624 S. Fremont St., 22 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (~~Write~~ the word.) Married

5½-If ~~married, widowed, or divorced~~, HUSBAND of (or) ~~WIFE~~ of Catherine Obersneider

6-DATE OF BIRTH (month, day and year) Dec 17-1848

7-AGE. 77 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Obersneider

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) John Obersneider Jr.
(Address) 406 Hilton St

15-Filed 6 1926 C. HAMPSON JONES, M. D. Registrar.
By ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). ~~Feb~~ 26-1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926 to Feb 26, 1926 that I last saw him alive on Feb 26, 1926 and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Bowel

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Chronic

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

4/28, 1926 (Address) 517 Druid

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Balto. Cemetery	May 1926
20-UNDERTAKER. Geo Leimbach & Son	ADDRESS 647 W Pratt St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07833 E 07833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 595 (St.) Baker (Ward) 14-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Brown

(a) RESIDENCE NO. 595 (St.) Baker (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced (or) WIFE of: Daniel Brown

6 DATE OF BIRTH (month, day, and year): March 22nd 1895

7 AGE: Years 30 | Months 11 | Days 4 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Servant 070

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

10 NAME OF FATHER: John Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Minta Shields

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

Informant: Ida Hall

(Address): 595 Baker St

Filed Feb 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1925, to Feb 26th, 1926, that I last saw her alive on February 26th 1926 and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological & Clinical

(Signed) W. J. Sullivan, M. D.

2/27 1926 (Address) 1706 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Feb 28th 1926

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Park

Spec—12-23-21—E.H.R.S.—4,0 Bks.

E 07834 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 07834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 523 E. Chapel St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stokowski

(a) Residence No. 523 E. Chapel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan. 1-1926

7-AGE	If LESS than 1 day
....yrs. 1 mos. 26 ds.	....hrs. or 15 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) Baltimore, Md. (State or Country),

PARENTS.

10-NAME OF FATHER Frank Stokowski

11-BIRTHPLACE OF FATHER (city or town) Poland (State or Country),

12-MAIDEN NAME OF MOTHER Victoria Mungowska

13-BIRTHPLACE OF MOTHER (city or town) Poland (State or Country),

14- (Informant) Mr. Frank Stokowski

(Address) 523 E. Chapel St

15- Filed 1926 C. HAMPSON JONES, M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 27 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 27, 1926 to Feb 27, 1926

that I last saw him alive on Feb. 27, 1926

and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Chas Stokowski M. D.

, 19 (Address) 5529 Eastern Ave,

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Feb 27 1926

20-UNDERTAKER ADDRESS

John M Weber 1803 Bank St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07835

CERTIFICATE OF DEATH.

129 E 07835

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 613 S. Pulaski ST. 20-6 WARD)

2-FULL NAME George Hendrick

(a) RESIDENCE. No. 613 S. Pulaski ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. / mos. / ds. How long in U. S., if of foreign birth 55 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta Hendrick

6 DATE OF BIRTH (month, day, and year): Dec 15-1855

7 AGE: Years 70 | Months 2 | Days 11 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: Pennsylvania R.R. Co.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Geo. Hendrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. E. Hendrick (Address) 613 S. Pulaski St

15 Filed FEB - 1 1926, 19 C. HAMPSON JONES, M. D. Registrar. Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to Feb. 26, 1926, that I last saw h— alive on Feb. 26, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) C. P. Eckenbrode, M. D.

, 19 (Address) 1412 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Feb 28 1926

20 UNDERTAKER: F. B. Wysong ADDRESS: 1850 W. Baltimore St

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07836

CERTIFICATE OF DEATH.

E 07836

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 21-2 WARD)

2-FULL NAME Martha Plowman

(a) RESIDENCE No. 12 Hg Sargent ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day, and year) Dec. Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66yr.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER James Plowman

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Jemima —

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1926, to Feb. 26, 1926, that I last saw her alive on Feb. 26, 1926 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Residual hemiplegia - rt. (Cerebral hemorrhage) (History)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

2/27 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Mar 2" 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07837

CERTIFICATE OF DEATH.

× 10,001

E 07837

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Brummel

(a) RESIDENCE NO. Nursery Lane ST., Catonsville WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 70 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel J Brummel

6 DATE OF BIRTH (month, day, and year) January 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. Benson

9 BIRTHPLACE (city or town) Balto Co. Md

(State or country)

PARENTS

10 NAME OF FATHER Joseph H. Brummel

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) " Md.

12 MAIDEN NAME OF MOTHER Amelia Vogell

13 BIRTHPLACE OF MOTHER (city or town) St Petersburg

(State or country) Russia

14 Informant (Name) Walter - August Brummel

(Address) Nursery Lane Catonsville

15 Filed R-1 1926, 19 LK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-6, 1926, to 2-26, 1926,

that I last saw him alive on 2-26, 1926

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Francis A. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar 1st 19 26

20 UNDERTAKER Joseph H Cook

ADDRESS 882 Fred

HAMPSON JONES, M. W. Baltimore, St.

Spec.—1-10-21—M&T—1500 Bks.

E 07838

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

101 E 07838

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 18-2 WARD)

2-FULL NAME William Everett

(a) RESIDENCE NO. 827 Wiggette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1855

7 AGE: Years 71 (Abt 70) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 015

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Everett

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Anne Melody

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant City Hospital Records (Address)

15 Filed FEB - 1 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1926, to February 27, 1926, that I last saw h[illegible] alive on February 26, 1926 and that death occurred, on the date stated above, at 1 A m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) C. H. Hampson Jones M. D.

Feb 27 1926 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Mar 2" 26

20 UNDERTAKER: Joseph B. Cook ADDRESS: 1003 W. Balto St

Spec.—1-10-21—M&T—1500 Rks.

E 7839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 7839

E 07839

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1303 Weldon Ave ST. 13 WARD)

2-FULL NAME Mary Ellen Collins

(a) RESIDENCE No. 1303 Weldon Ave ST. 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Collins

6 DATE OF BIRTH (month) Dec (day) 7, (year) 1844

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Addison Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Emeretta Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Leora Robey
(Address) 1303 Weldon Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) Feb (day) 27, (year) 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23 1926 to Feb 26 1926.
that I last saw h alive on Feb 26 1926,
and that death occurred, on the date stated above, at 12.20A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 5 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary): Pulmonary Odema

(duration) 2 hrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? 2 Date of 2

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) William F. Clopton, M. D.

, 19 (Address) 2919 Huntingdon Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/REMOVAL/CREMATION: God's Shepard Cem. DATE OF BURIAL: May 1, 1926

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

Spec.—1-10-21—M4[illegible]

E 07840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07840

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. (Ward) Baltimore

2-FULL NAME William H. Preston Sr.

(a) RESIDENCE NO. Rockville St., Md. WARD (Montgomery Co.)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 6 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) W. H. Preston Jr. Rockville Md.

15 Filed FEB 1926 19

C. HAMPSON JONES, M. D.
Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28th 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-16 1926 to 2-28 1926,

that I last saw him alive on Feb. 28th 1926

and that death occurred, on the date stated above, at 3:00 A.M.

The CAUSE OF DEATH was as follows:

Hypertrophy of the Prostate Gland

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Urinary Tract (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 2-26-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Lemmon, M. D.

(Address) Univ. Hosp. 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockville Md

UNDERTAKER Geo. R. Snowden

DATE OF BURIAL 2-28 1926

ADDRESS Brookville Md

Cor.—1-12-23—M&T—100 Bks.

E. 7841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07841

E-[redacted]841

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3708 Barrington ave (WARD) 15-1

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Blanche Thalheimer

(a) RESIDENCE NO. 3708 Barrington ave (WARD) Chicago Ill

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs mos 8 ds. How long in U. S., if of foreign birth? 34 yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas C Thalheimer

6 DATE OF BIRTH (month, day, and year): Nov 11, 1892

7 AGE: Years 34; Months 3; Days 15; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa

10 NAME OF FATHER: George M Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia

12 MAIDEN NAME OF MOTHER: Mary Ella Albright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia

Informant: George M Henderson

(Address) 1837 Mt Royal ave

Filed Feb 27, 1926 Per RK

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 24 '26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.

Feb 27, 1926 (Address) 2802 Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEM

DATE OF BURIAL: 3/2 1926

ADDRESS: COR CALHOUN HOLLINS ST

UNDERTAKER: ROBERT BROOKS & SON FUNERAL DIRECTORS & EMBALMERS

Spec.—1-10-21—M&T—1500 Blks.

E 07842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07842

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St. 27-B WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jefferson Earl Rotem

(a) RESIDENCE NO. 4[illegible] Wilson Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21/1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
23	1903	May	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman on Rail R.

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jefferson D. Rotem

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carrol County

12 MAIDEN NAME OF MOTHER: Annie Carrill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Jefferson Earl Rotem 4008 Wilson Ave

15 Filed [illegible] 19 Registrar

C. HAMILTON JONES, M. D.

T1926 PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-15 1926 to 2-26 1926,

that I last saw him alive on 2-26 1926,

and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous Appendix

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Peritonitis general

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-16-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jno A Gunn M. D.

19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Mar 1 1926

20 UNDERTAKER: H S Marshall

ADDRESS: 3539 Fall Rd

Stmc.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07843

CERTIFICATE OF DEATH.

90

E 07843

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1539 (St.) Cole (Ward) 19-2

2-FULL NAME Eva Steinbach

(a) RESIDENCE. No. 1539 St., Cole Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): March 7 1861

7 AGE: Years 74 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Edward Andrews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Andrews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frank Steinbach

(Address) 1539 Cole St

15 Filed: R-1 1926 Per KK

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1925 to Feb 27 1926

that I last saw h[illegible] alive on Feb 25 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Cardiac Hypertrophy

(duration) yrs 2 mon. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James L. Steinberg M.D.

2/28 1926 (Address) 17 21st St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: March 2 1926

20 UNDERTAKER: Mc-Mc St S' Inc — ADDRESS: 1787 W Pratt St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07844

CERTIFICATE OF DEATH.

90 **E 07844**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 St Paul St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Virsey-Murray.

(a) RESIDENCE NO. 815 St. Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: married (John D. Murray)

6 DATE OF BIRTH (month, day, and year): May 16, 1858 May 16 1858

7 AGE: Years 67 Months 9 Days 10 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Laval Md

PARENTS

10 NAME OF FATHER Hattersly P. Worthington

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Mr. John D. Murray

(Address) Glyndon Md.

15 Filed ... 19 ... Registrar

HAMPSON JONES, M. D.

R - 1 1926 KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 9 1926 to Feb. 26 1926, that I last saw h.. alive on Feb. 26 1926, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Uraemia - Nephritis

Myocarditis Chronic

Several (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ....Date of....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grace Mem. (Elkridge) Date of Burial: Mar 1 1926

20 UNDERTAKER: J. O. Mitchell ADDRESS: 1201 W Fayette

Spec.—1-12-23—M&T—500 Bks.

E 07845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital No 1. REGISTERED NO. .....

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 17-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wolinton.

(a) RESIDENCE NO. 514 - First St. ST., ... WARD .....
(Usual place of abode) Seattle, Wash. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25, 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
27	28	32	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer.
(c) Name of employer S/S. Pomona.

9 BIRTHPLACE (city or town) Montana
(State or country)

10 NAME OF FATHER Ramus Wolinton

11 BIRTHPLACE OF FATHER (city or town) Ohio.
(State or country)

12 MAIDEN NAME OF MOTHER Bruen Jacamus

13 BIRTHPLACE OF MOTHER (city or town) Ga.
(State or country)

14 Informant Self.
(Address)

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar
For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1926, to Feb. 26, 1926, that I last saw him alive on Feb. 26, 1926, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Pneumonia, Lobular

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? On board S/S Pomona

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms, findings & Laboratory test.

(Signed) M. N. Hoeler, M. D.

Feb 26, 1926 (Address) U. S. Marine Hospital No 1. Balt. Md. M.C.T.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/1 19 26

20 UNDERTAKER Bof Funeral Dir

ADDRESS 1127 E Baltimore St.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07846

CERTIFICATE OF DEATH.

E 07846

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Smallwood St.) 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate S. Griffin

(a) RESIDENCE No. 1805 N. Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Griffin

6 DATE OF BIRTH (month, day, and year): May 23 1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Michael Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: John W. Griffin (Address): 1805 N. Smallwood St.

15 Filed 1-1926 19 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13th 1926 to Feb 25th 1926

that I last saw her alive on Feb 25th 1926

and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

Chr. Interstitial Nephritis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Leo. H. Luttenbacher M. D.

Feb. 26. 1926 (Address) 2245 N. Marshall Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Baltimore Md.

DATE OF BURIAL: Mch. 1 1926

20 UNDERTAKER: Wm. E. Black

ADDRESS: 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07847

CERTIFICATE OF DEATH.

E 07847

1-PLACE OF DEATH 232 Mt Olivet Lane 10-23

REGISTERED NO.

CITY OF BALTIMORE: (No. 232 Mt Olivet Lane ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Badger Crosser

(a) RESIDENCE No. 232 Mt Olivet Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James B. Crosser

6 DATE OF BIRTH (month, day, and year): Oct 24/1867

7 AGE: Years 58 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brownsville Tenn.

PARENTS

10 NAME OF FATHER: Edwin Badger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elizabeth Parran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Mrs Joy Porter

(Address) 232 Mt Olivet Lane

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/28 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1926, to 2/28, 1926, that I last saw h alive on 2/28, 1926, and that death occurred, on the date stated above, at 11.10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rt apex, chronic fibrous tuberculosis activated

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

Influenza (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel Glasgow M. D.

, 1926 (Address) 336 Fidelity Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 3/2/ 1926

20 UNDERTAKER: J. Walter Davis

ADDRESS: 3307 Pinkney

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 07848

CERTIFICATE OF DEATH.

E 07848

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Belvidere & Poland St., 18 Ward)

2-FULL NAME William A Griepenkerl

(a) RESIDENCE NO. 5118 Wayne ave St., Howard Pk Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~eighteen~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Smith Griepenkerl

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work bond salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gillet & Co.

9 BIRTHPLACE (city or town) Oldenburg,

(State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Edward Griepenkerl

(Address) 5118 Wayne ave

15 Filed_____, 19____ Registrar

R-1 1926 K.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from Automobile Accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Morrison M. D.

(Coroner)

3/28 1926 (Address) 632 Poland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemetery	March 1, 1926

20 UNDERTAKER E. LeRoy Stufflebeam

ADDRESS 125 E. Mulberry

Spec.—1-10-21—M&T—1500 Blks.

67849. 67849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 S. Ellwood Ave. ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia L. Rayner

(a) RESIDENCE NO. 1126 S. Ellwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27, 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry Rayner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Florence Buchart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Florence Rayner

(Address) 1126 S. Ellwood Ave.

15 Filed MAR-1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1926, to Feb. 27, 1926.

that I last saw her alive on dead Feb. 27, 1926.

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bloomhow M. D.

3-1, 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 3/1 26.

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. B.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07850

CERTIFICATE OF DEATH.

38 E 07850

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 N. Pat. Pk. Ave St. 8-3 Ward)

2-FULL NAME Chas. E. Cunningham

(a) RESIDENCE NO. 1307 N. Pat. Pk. Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE OF~~ Elizabeth Cunningham

6 DATE OF BIRTH (month, day, and year) May 18 68

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	57	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): Broker

(c) Name of employer: Himself

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Wm A. Cunningham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant E. L. Cunningham

(Address) 1530 N. Bond St

15 Filed ....., 19 ..... Registrar

JAMESON JONES, M. D.

JAN 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to Feb 25, 1926, that I last saw h[im] alive on Feb 25, 1926, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) D. J. Herzog M. D.

2/27, 1926 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. Date of Burial 3/1 1926

20 UNDERTAKER: Philip Herrig ADDRESS 2016 Orleans St

12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07851

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 07851

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 416 Wesley St. 12-5 Ward)

2-FULL NAME Bessie Warren

(a) RESIDENCE NO. 416 Wesley St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Robert anderson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER ardena jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Henry Warren

(Address) 416 wesley st

Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Galbreder disease of heard

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

2/28, 1926 (Address) 632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery Date of Burial March 1926

20 UNDERTAKER Edward Bryan ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07852

CERTIFICATE OF DEATH.

31 E 07852

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 662 W Mulberry ST. (Ward) 17-3

2-FULL NAME Robert R Oliver

(a) RESIDENCE NO. 662 W Mulberry ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 28 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Va Richmond

PARENTS

10 NAME OF FATHER: Emmett Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Minnie Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Minnie Oliver 662 W Mulberry St

15 Filed [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926, to Feb 27, 1926, that I last saw him alive on Feb 27, 1926, and that death occurred, on the date stated above, at 11.10 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M Cooley, M. D.

, 19 (Address) 1317 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 31 1926

20 UNDERTAKER: Samuel Kinsley

ADDRESS: Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07853

100-001

CERTIFICATE OF DEATH.

E 07853
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S Duncan ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Aupply

(a) RESIDENCE NO. 325 S Duncan ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 30 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Aupply

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Josephine Galloway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Walter Aupply
(Address) 325 S Duncan st

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar
By MAR - 1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-26 . 1926, to 3/25 . 1926, that I last saw h alive on 2/25 . 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Typical Signs

(Signed) Adam J. Fisher M. D.

, 19 2 (Address) 325 S Bethel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary Cemetery — DATE OF BURIAL march 2 1926

20 UNDERTAKER George A Weber — ADDRESS 2205 Bank st

Spec.—1-10-21—M&T—1500 Bks.

07854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 E 07854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hosp. (St.) 10-1 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lora Jones

(a) RESIDENCE NO. 1119 Brentwood Ave (St.) WARD Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 7 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Jones

6 DATE OF BIRTH (month, day, and year): 3-20-1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Grayson Co. Virginia

PARENTS

10 NAME OF FATHER: Henry Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alleghany Co N.C. North Carolina

12 MAIDEN NAME OF MOTHER: Charlotte Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alleghany Co N. Carolina

14 Informant: Mrs Lora Jones
(Address) 1119 Brentwood Ave

Filed 1 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-11-26, 19 , to 2-27 , 1926.

that I last saw h[illegible] alive on 2-27- , 1926.

and that death occurred, on the date stated above, at 3:40 P.m.

The CAUSE OF DEATH* was as follows:

Abortion
Self induced

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pelvic Abscess, Hypostatic Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-12-26

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jno A Stonestreet M. D.

, 19 (Address) 1119 Brentwood Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northeville Nat'l Co Va

DATE OF BURIAL: Mar 1926

UNDERTAKER: W. Cook

ADDRESS: 502 E Marshall

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07855

CERTIFICATE OF DEATH.

10 E 07855

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 631 East 30th St., 9-2 Ward)

2-FULL NAME Franklin Tull

(a) RESIDENCE NO. 631 E. 30th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 2. 1921

7 AGE: Years 4 | Months 5 | Days 26 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: William T Tull

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A Read

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: William T Tull

(Address): 631 East 30th St

15 Filed: FEB 28 1926 16 [illegible] HAMPSON JONES, M. D. Registrar

R-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926, to Feb. 28, 1926,

that I last saw him alive on Feb. 28, 1926,

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Throat culture -

(Signed) William A. Linton M. D.

19 (Address) 2742 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Date of Burial Mar 1 1926

20 UNDERTAKER: W. M. Cook ADDRESS 522 Hollins

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07856

CERTIFICATE OF DEATH.

100-001

E 07856

1-PLACE OF DEATH Balto City Hospitals REGISTERED NO. 27-11

CITY OF BALTIMORE: (No. 2 Balto Md. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Sefton

(a) RESIDENCE NO. Sefton Ave, Hamilton, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marguerita Sefton

6 DATE OF BIRTH (month, day, and year): Oct 5th 1852

7 AGE — Years: 73 — Months: 4 — Days: 22 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wagon Builder (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Jeremiah Sefton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Geo. Maryland

12 MAIDEN NAME OF MOTHER: Margaret Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant (Address): Balto City Hospt. Balto Md

15 Filed 2-28 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926 to Feb 27, 1926 that I last saw him alive on Feb 27, 1926 and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Acute)

CONTRIBUTORY (Secondary) Senile Psychosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldsmith M.D.

2/27/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 5th 1926

20 UNDERTAKER: Fred L. Sasse and Sons — ADDRESS: Fullerton

HAMTON JONES, M.D.

P.H. Registrar

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07857.

CERTIFICATE OF DEATH

REGISTERED NO. 129

E 07857.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 296 E. Franklin St. Ave. Ward) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Seifert

(a) RESIDENCE NO. 296 E. Franklin Ave. ST. Raspeburg WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Maryland

PARENTS

10 NAME OF FATHER: Christopher Seifert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret H. Hirshman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Seifert (Address) 296 E. Franklin Ave.

15 Filed ... 19 ... Registrar

R. T. 1926 E. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1926, to Feb 27, 1926, that I last saw him alive on Feb 26, 26, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Milleur, M. D.

Feb 28, 1926 (Address) Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Lutheran — DATE OF BURIAL: March 2, 1926

20 UNDERTAKER: Frank Lassahn Sons — ADDRESS: Fullerton

Spec.—1-12-23—M&T—500 Blks.

E 07858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 07858

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 5-2 (WARD)

2-FULL NAME Miss Emma C Mannie

(a) RESIDENCE NO. 1312 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	57	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Jed. Manns.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Emma Remmey

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Isabelle Manns

(Address) 1312 W. Lexington St

15 Filed 1 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1926, to February 28, 1926, that I last saw her alive on February 28, 1926, and that death occurred, on the date stated above, at 11.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Jerald Powell M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western cemetery

DATE OF BURIAL March 2 1926

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

07859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07859

CERTIFICATE OF DEATH.

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Brantly Rd ST. 16-7 WARD)

2-FULL NAME James E. Waugh.

(a) RESIDENCE NO. 1004 Brantly Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mrs. J. E. Waugh

6 DATE OF BIRTH (month, day, and year) April 27 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk, 009

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. R.

(c) Name of employer B & O. Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward M. Waugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) — (State or country)

14 Informant Mrs. Lena E. Waugh (Wife)
(Address) 1004 Brantly Rd

15 Filed MAR 1 1926 19..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26 1926, to Feb 27 1926, that I last saw him alive on Feb. 27 1926, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris,

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms.

(Signed) Charles Gelb, M. D.

2-27 1926 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: March 2 1926

20 UNDERTAKER: H. C. Branning & Son — ADDRESS 517 N Schroeder

Spec.—1-10-21—M&T—1500 Bks.

E 07860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07860

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Keyworth Ave. | 5-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Hardy.

(a) RESIDENCE NO. 2807 Keyworth Ave STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Hardy.

6 DATE OF BIRTH (month, day, and year): March 25. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85.	#	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Patrick Burke.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Catherine McGuirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Mrs Margaret A. Hopkins 2807 Keyworth Ave

15 Filed MAR - 1 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to Feb 28, 1926, that I last saw her alive on Feb 27, 1926, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation.

Pulmonary Edema

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James B Ashhurst, M. D.

Feb 28, 1926 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: March 2 1926

20 UNDERTAKER: Edw F. Cowan & Son

ADDRESS: 901 Bolton St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07861

CERTIFICATE OF DEATH.

129 **E 07861**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Montford Ave. WARD) 7-3

2-FULL NAME Sophia E Pfeifer

(a) RESIDENCE NO. 500 N. Montford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Pfeifer

6 DATE OF BIRTH (month, day, and year): June 2, 1873

7 AGE — Years: 52 — Months: 8 — Days: 2 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Roemer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mamie Mary Pfeifer

(Address) 500 N. Montford Ave.

15 Filed ....., 19.... HAMPSON JONES, M. D. Registrar

R-1 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Feb. 28, 1926

that I last saw h[illegible] alive on Feb. 26, 1926

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis + Aortic Regurgitation

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests

(Signed) Albert B. Ingerwald M. D.

2/28/1926 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Mar 3rd 1926

20 UNDERTAKER: Geo E Miller Sr — ADDRESS: 2334 W. Fayette

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07862

CERTIFICATE OF DEATH.

E 07862

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Park ave ST. 13-6 WARD)

2-FULL NAME Edward Martin Smith

(a) RESIDENCE. NO. 2206 Park Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mabel Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Joseph Smith
(Address) 2206 Park Ave.

15 Filed . 19 Registrar

MAR - 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 . 1926 . to Feb 28 . 1926 .

that I last saw him alive on Feb 27 . 1926,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr William Frey, M. D.

Feb . 1926 (Address) 1921 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Mar 1st 1926

20 UNDERTAKER: Johanna Canoles — ADDRESS: 1004 Aisquith

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07863

CERTIFICATE OF DEATH.

170

E 07863

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1730 Abbottston St St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Bauer

(a) RESIDENCE NO. 1730 Abbottston St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Bauer

6 DATE OF BIRTH (month, day, and year) Oct 15/1857

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
68	69	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wm Nizer (son-in-law)

(Address) 1730 Abbottston St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Pistol Shot above rt. ear- Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bauer, M. D. (Coroner)

3/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial March 1 1926

20 UNDERTAKER Wm. J. Hartley ADDRESS 812 W Madison St

Spec—12-23-21—E.B.R.S.—400 Bks.

07864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 07864

Registered No.

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Bay View Asylum St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Georgia Jones

(a) Residence No. 1223 Smith Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-Single, Married, Widowed or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1883.

7-AGE. 43 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Joseph Jones.

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Maryland

12-MAIDEN NAME OF MOTHER, Lizzie Wells

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed 2-1 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-26-26.

17- I HEREBY CERTIFY, That I attended deceased from Jan 21. 1926 to Feb 26- 1926

that I last saw h alive on Feb 26- 1926

and that death occurred, on the date stated above, at 11 45 Am.

The CAUSE OF DEATH was as follows:

Myxo Sarcoma of Right Thigh c metastasis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date Oct 1925

Was there an autopsy? Yes What tests confirmed diagnosis? Clinical & Lab Tests

(Signed) Wm. F. Campen Jr. M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Washington D. C.	March 1, 1926
20-UNDERTAKER. Mrs Jno H. Dennis per J. B. Kelso	ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07865

CERTIFICATE OF DEATH.

E 07865

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) Monument & Rutland Ave (Ward) 15-3

REGISTERED NO. 101-201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Feder

(a) RESIDENCE No. 3109 Reisterstown Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Hattie Feist Feder

6 DATE OF BIRTH (month, day, and year) Dec 19 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manager Dept 086

(b) General nature of industry, business, or establishment in which employed (or employer) Store, Retail

(c) Name of employer Dept.

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Abraham Feder

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Libby Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) Mrs Hattie Feder 3109 Reisterstown Rd

15 Filed . 19 WILLIAMSON JONES, M. D. Registrar

R. T. 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27/ 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 24 1926. to Feb 27 1926.

that I last saw h alive on Feb 27, 1926;

and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Left Lobar Pneumonia

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Labs

(Signed) Sanford Linde M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark, N. J.

DATE OF BURIAL 3/2/ 1926

20 UNDERTAKER Harry Londheim

ADDRESS Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07866

CERTIFICATE OF DEATH.

47

E 07866

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Onley

(a) RESIDENCE NO. 320 Somerset St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Denby Onley

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Frederick Md.

12 MAIDEN NAME OF MOTHER: Florence Lee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Rrederick Md

14 Informant: Mary Onley (Daughter)

(Address): 320 Somerset St

Filed MAR - 1 1926 HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Recurrent Carcinoma Rt. Breast

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

3/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial: March 1926

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1720 Eulalia

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07867

CERTIFICATE OF DEATH.

129 E 07867

1-PLACE OF DEATH St Joseph's Dom

CITY OF BALTIMORE: (No. Caroline & Eden St. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Keely Williams

(a) RESIDENCE NO. 2316 Hunter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Williams

6 DATE OF BIRTH (month, day, and year) Unknown 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Willie Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Ophelia Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Mrs Keely Williams

(Address) 2316 Hunter st.

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

R - 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to Feb. 28, 1926, that I last saw h[illegible] alive on Feb. 28, 1926 and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Lab & Clinical

(Signed) Clement K. Monroe, M. D.

Feb 28, 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leigh Ga — DATE OF BURIAL Mar 1 26

20 UNDERTAKER Mrs R.G. Elbert — ADDRESS 172 Ashland

Spec. 1-10-21 M&T 1500 Blks.

E 07868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002

E 07868

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Steinberg

(a) RESIDENCE NO. 1415 Eastern Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
69 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Steinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Doris Simons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Baltimore City Hospitals Records

15 Filed MAR - 1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925 to Feb. 27, 1926, that I last saw him alive on Feb. 27, 1926, and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Residual hemiplegia - left (Cerebral thrombosis) 5-Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) R. Lindsay Keller, M. D.

3/1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Mar. 2 1926

20 UNDERTAKER Henry Sander Sons Inc — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07869

CERTIFICATE OF DEATH.

101 -001 **E 07869**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 20-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Fraidin

(a) RESIDENCE NO. 510 S Paloweski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Fraiden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fanny Rosenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1434 E Balt St

15 Filed ... 19 ... Registrar

HAMPSON JONES, M. D.

T 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 at 19 26

17

I HEREBY CERTIFY, That I attended deceased from 2-18-26, 19 , to 3-1-26, 19 ,

that I last saw him alive on 3-1-26, 19 ,

and that death occurred, on the date stated above, at 7 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab

(Signed) S. Arthur Lunde, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 3/1 19 26

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07870

CERTIFICATE OF DEATH.

3/ E 07870

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Hanover ST. 23-1 WARD)

2-FULL NAME Mary C. Murray

(a) RESIDENCE NO. 1127 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Murray

6 DATE OF BIRTH (month, day, and year): Mar. 2, 1863

7 AGE — Years: 61 — Months: 11 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Patrick McDermott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Louis J. Murray

(Address) 1135 Hanover St.

15 Filed: 3-1-1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21st, 1925, to Feb. 26th, 1926, that I last saw her alive on Feb. 25th, 1926 and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis and Diabetis

(duration) 1 yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 1 days

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination etc.

(Signed) Harry Leibel M. D.

3/1, 1926 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Mar. 2, 1926

20 UNDERTAKER: Margaret J. Flynn

ADDRESS: 1402 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07871

CERTIFICATE OF DEATH.

E 07871
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 172 2120 fo ST., 12-5 WARD)

2-FULL NAME William Walter Murphy

(a) RESIDENCE NO. 172 2120 fo ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 25 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): April 27/1922

7 AGE: Years 3 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: James Oates Murphy
11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md
12 MAIDEN NAME OF MOTHER: Mattie V Moulden
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frontroyal Va

14 Informant: Walter C Bacon
(Address): 100 E 20th

15 Filed MAR - 1 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/28/26

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1926, to Feb 28, 1926, that I last saw him live on Feb 28, 1926 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Measles (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms & Course of Measles & Pneumonia

(Signed) Walter C Bacon, M. D.
2/25 1926 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: March 1 1926

20 UNDERTAKER: Eshenwelder Son — ADDRESS: 2617 Chestnut

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 07872

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 405 W 26 St ST. 12-2 WARD)

2-FULL NAME David Albert Ford Jr

(a) RESIDENCE. No. 405 W. 26th St ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 26 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: David Albert Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ruth C Lester

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Father 405 W 26th

15 Filed . 19 . Registrar

MAR - 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 1926, to 3/1, 1926, that I last saw him alive on 3/1, 1926, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Cardiac Circulatory failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Cyril Ey, M. D.

, 19 (Address) 1330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	March 2 1926

20 UNDERTAKER: Chenoweth Son Edmonst Inc ADDRESS 1617

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E [redacted]3 × 29 E 07873

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Green ST. 11-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward E Hahn

(a) RESIDENCE NO. Pasadena A.A Co, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	58	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER John Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant O. Fay Hahn

(Address) Pasadena Md

Filed MAR 1 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926. to Feb 27 1926.

that I last saw h~~im~~ alive on Feb 27 1926.

and that death occurred, on the date stated above, at 2 00 P m.

The CAUSE OF DEATH* was as follows:

Tetanus (Cause)

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Thos. J. Corman Jr., M. D.

, 19 (Address) Univ Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bachman Cemetery — DATE OF BURIAL: Mar 2 1926

20 UNDERTAKER: John H Denny — ADDRESS: 715 Light St

Spec. 1-10-21 M&T 1500 Bks.

Ped 1/7

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07874

1894 E 07874

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 10-2 WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fitzpatrick

(a) RESIDENCE NO. 1030 N. Wolcox ST., St. WARD Balto -

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 7th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	1	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. -

PARENTS

10 NAME OF FATHER Joseph Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Nellie Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22 1926 to Feb 28 1926.

that I last saw him alive on Feb 28 1926.

and that death occurred, on the date stated above, at 4 45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Postmaster)

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Hugh W. Comegle M. D.

1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL March 2 1926

20 UNDERTAKER Henry Koeck & Son

ADDRESS 1301 E. Balt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07875

07875

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Harden ST. 10-1 WARD)

2-FULL NAME Johanna Lambert

(a) RESIDENCE: No. 1032 Harden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? 41 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry. P. Lambert

6 DATE OF BIRTH (month, day, and year): June 18 1868

7 AGE — Years: 57 — Months: 7 — Days: 9 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr Henry. P. Lambert

(Address) 1032 Harden St

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1925, to Feb 27, 1926, that I last saw her alive on Feb. 27, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John D. Firth, M. D.

2/28, 1926 (Address) 4362 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 2 1926

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager

Spec.—1-10-21—M&T—1500 Bks.

07876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07876

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Sist Ave (Lanewille) ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah. E. Anderson

(a) RESIDENCE NO. 107 Sist Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late William H. Anderson

6 DATE OF BIRTH (month, day, and year) Sept. 20 1850

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Samuel Scrivener

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Nance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Ida M. Duval

(Address) 107 Sist Ave

15 Filed 1926 J. C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 28 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 2 , 19 25 , to Feb 28 , 19 26 ,

that I last saw h[illegible] alive on Dec 28 , 19 25 ,

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) 7 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Boyer M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Memorial Cemetery M.E. Church Cemetery 9.9.6

DATE OF BURIAL: March 2 19 26

20 UNDERTAKER: Henry Strack Son

ADDRESS: 1701 E Eager

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07877

E 07877

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 27-13 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon E. Connolly

(a) RESIDENCE NO. Holy Cross Cemetery Harford Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... school

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Michael A. Connolly

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle G. Hurley

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co
(State or country)

14 Informant Michael A Connolly
(Address) Holy Cross Cemetery

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 1, 1926, that I last saw him alive on March 1, 1926, and that death occurred, on the date stated above, at 9 50/60 a. m.

The CAUSE OF DEATH* was as follows:

Tons. & Laryn. Diphtheria

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated on arrival Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

3/1, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Harford Rd

DATE OF BURIAL Mar 3 1926

20 UNDERTAKER Henry Storck Son

ADDRESS 1301 E Eager

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

187-001

E 07878

CERTIFICATE OF DEATH.

E 07878

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel O. Fitts

(a) RESIDENCE NO. 904 Edmonddon Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Olive Fischer

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day... hrs. or... min.
	72	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Revenue Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Goverment

9 BIRTHPLACE (city or town)

(State or country) Tallahassee Fla

PARENTS

10 NAME OF FATHER Samuel O. Fitts

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Colorado Spgs

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Samuel O. Fitts Jr

(Address) Mt. St. Joseph's College

15 Filed 1926 C. HAMPSON JONES, M. D.

RPP Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] elevated R.R. on the day stated above.

The CAUSE OF DEATH* was as follows: Caused by accidentally falling [illegible] chief & exhaustion Cond[illegible] former nephritis (acute and chronic) kidney disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

Feb 26, 1926 (Address) 6 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 10 days yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Cemetery, Wash. D. C. Date of Burial 3/3, 1926

20 UNDERTAKER Henry W Mears & Son ADDRESS 805 N Calvert

By auto P.M. to Glenwood Cemetery Washington D.C. Escort H. W. Mears

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07879

CERTIFICATE OF DEATH.

E 07879

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Harford Ave ST. 9-2 WARD)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Becker

(a) RESIDENCE NO. 3302 Harford Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Becker

6 DATE OF BIRTH (month, day, and year): June 23 1869

7 AGE: Years 56 Months 5 Days 5 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box Mfg

(b) General nature of industry, business, or establishment in which employed (or employer): own

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis Becker

(Address) 3302 Harford ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1926, to Feb 28, 1926, that I last saw him alive on Feb 27, 1926, and that death occurred, on the date stated above, at 6.55 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (secondary) Hypostatic Pneumonia Heart Arterio-Sclerosis 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?...

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. V. Meyer Jr., M. D.

2/28, 1926 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: 3/3 1926

20 UNDERTAKER: Geo. J. Pugh ADDRESS 1735 Harford

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07880 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07880

CERTIFICATE OF DEATH.

Registered No. 74-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2503 Maryland Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Carroll

(a) Residence No. 2503 Maryland Ave St., 12th Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, or Divorced. (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE James C. Carroll

6-DATE OF BIRTH (month, day and year) Oct 19th 1847

7-AGE 78 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Germany

PARENTS.

10-NAME OF FATHER, John Wallett

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Anna E. Cottingham

(Address) 2503 Maryland Ave

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 27th 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 17th 1926 to Feb 27th 1926 that I last saw h[illegible] alive on Feb 27th 1926 and that death occurred, on the date stated above, at 1.20 P. M. The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George H. Cross M. D.

19 (Address) 728 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL, 3 2 1926

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

07881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07881

CERTIFICATE OF DEATH. 154-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 7 W'RD)

2-FULL NAME Baby Martin

(a) RESIDENCE NO. #7 S. Magnolia Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Single~~

6 DATE OF BIRTH (month, day, and year) 2/12/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
16 days			16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER A. R. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER Golda Sanders 2/25/26

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant St Joseph Hospital (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per RPB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 1926, to 2/25, 1926, that I last saw h[illegible] alive on 2/25, 1926, and that death occurred, on the date stated above, at 11:20 p.m.

The CAUSE OF DEATH* was as follows:

(1) Internal hydrocephalus

(2) Spina Bifida complete.

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Arnold R. Jansen, M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cemetery

DATE OF BURIAL: 3/2 1926

20 UNDERTAKER: George J Ruth 1735

ADDRESS: Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07882

CERTIFICATE OF DEATH.

49 E 07882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S Fulton Av ST. 19-W WARD)

2-FULL NAME Ellen McGee

(a) RESIDENCE NO. 105 S Fulton Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard McGee

6 DATE OF BIRTH (month, day, and year) Dec 12 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Matthew Hyppes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Tenley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Emma M Peters 105 S Fulton Ave

15 1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Feb 26, 1926,

that I last saw h alive on Feb 25, 1926,

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) yrs. 3 mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic findings

(Signed) James L Kirkpatrick, M. D.

3/1, 1926 (Address) 1779 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL 3/2 1926

20 UNDERTAKER George A Tenley — ADDRESS Luther & Fayette

Spec.—1-10-21—M&T—1500 Blks.

07883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 07883

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Poplar Grove ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian M.Smith,

(a) RESIDENCE NO. 1200 Poplar Grove ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of or ~~WIFE of~~: Sarah A.Smith

6 DATE OF BIRTH (month, day, and year): February 1.1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	---	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant (Address): Clarence Smith 1200 Poplar Grove St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 28 1926

17

I HEREBY CERTIFY, That I attended deceased from October 15, 1925, to February 28, 1926, that I last saw him alive on February 28th, 1926, and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) 2 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Final death

Did an operation precede death? No Date of

Was there an autopsy? — No —

What test confirmed diagnosis? Clinical & Urinalysis.

(Signed) Wm J Sullivan, M. D.

3/1, 1926 (Address) 1701 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: MAR 3 1926

20 UNDERTAKER: Geo W Little

ADDRESS: 2708 N Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07884

CERTIFICATE OF DEATH.

74-601

E 07884

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 E. Oliver ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L. Rice

(a) RESIDENCE NO. 2139 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wesley A. Rice

6 DATE OF BIRTH (month, day, and year): March 27-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Joseph H. Rice 2139 E. Oliver St.

15 1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 4 1926 to Feby 28 1926, that I last saw h[illegible] alive on Feby 28 1926, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. H. Hyland M. D.

, 19 (Address) 2139 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 31 1926

20 UNDERTAKER: Zickler + Zickler — ADDRESS: 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07885

CERTIFICATE OF DEATH.

74-001 **E 07885**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the St. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Herkorn.

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): About 1855

7 AGE — Years: 71 — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): France.

PARENTS

10 NAME OF FATHER: George Herkorn

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Theresa Brand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant: Sister Florence

(Address): Preston & Patterson

15 Filed 1 1926 — G. HAMPSON JONES, M. D. Registrar

Per R.E.W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Forenoon, 19 . to . 19 .

that I last saw her alive on July 21, 1926,

and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Warner, M. D.

July 28, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: July 29 1926

20 UNDERTAKER: John Meries

ADDRESS: 2008 Orleans

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07886

CERTIFICATE OF DEATH.

100-001

E 07886

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Rietz

1a) RESIDENCE NO. 2524 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59yr.	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed - 1926 C. HAMPSON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to Feb. 27, 1926, that I last saw him alive on Feb. 27, 1926, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia + Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) H. Lindsay Miller, M. D.

3/1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3/2 1926

20 UNDERTAKER William Cook

ADDRESS 502 E Wood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823 Riggs Ave St. 16-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carla Joan Hall

(a) RESIDENCE NO. 2823 Riggs Ave St., WARD Pittsburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 5-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Pittsburg (State or country) Pa.

PARENTS

10 NAME OF FATHER Marvin Mann Hall

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Hilda Regina Back

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Hilda R. Hall
(Address) 2823 Riggs Ave.

15 Filed ... 19 ... Registrar

- 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28 1926

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1926, to February 28, 1926, that I last saw her alive on February 28, 1926, and that death occurred, on the date stated above, at 10:58 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Reland, M. D.

3-1-, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL March 2 1926

20 UNDERTAKER Robt J Turner ADDRESS 1242 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07888

74 801

E 07888

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N. Bond ST. 8-3 WARD)

2-FULL NAME Philamena Bonadio.

(a) RESIDENCE No. 1336 N. Bond ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 30 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married, Widowed,~~ or ~~Divorced~~ (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (The late Michael Bonadio)

6 DATE OF BIRTH (month, day, and year) Aug. 15. 1859

7 AGE Years 66 Months 6 Days 13 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Thomas Ferrara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mr. Michael Bonadio (Address) 1336 N Bond St.

15 Filed MAR 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926 to Feb 28, 1926, that I last saw her alive on Feb 28, 1926 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

R C Hemiplegia

(duration) yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ..... yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Sterling L. Leadston M. D.

Mar 1, 1926 (Address) 1058 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Mar 3 1926

20 UNDERTAKER Robt. T. Turner, Inc.

ADDRESS 1742 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 07889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07889

CERTIFICATE OF DEATH.

REGISTERED NO. 111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5520 York Rd. (ST.) (WARD) 27-7

2-FULL NAME Catherine Bochm.

(a) RESIDENCE NO. 5520 York Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Anthony Bochm

6 DATE OF BIRTH (month, day, and year): Oct 22 1865

7 AGE: Years 61 | Months 4 | Days 6 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Anthony Ruppel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary A Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr Anthony Bochm 5520 York Road

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Feb 28, 1926, that I last saw her alive on Feb 27, 1926, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Hemmhage.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H C Hocas, M. D.

2-28. 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 3 1926

20 UNDERTAKER: Robt G Turner Sr — ADDRESS: 1522 E Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 07890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07890

CERTIFICATE OF DEATH.

14-2 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1341 W. Ramsay ST. (WARD)

2-FULL NAME Andrew J. Fitchett

(a) RESIDENCE NO. 1341 W. Ramsay ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Fitchett

6 DATE OF BIRTH (month, day, and year): Feb. 22-48

7 AGE: Years 78; Months; Days 5; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commission Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. H. Fitchett. (Address) 1341 W. Ramsay St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to February 27, 1926.

That I last saw ~~him~~ alive on February 27, 1926.

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Myocarditis

CONTRIBUTORY (Secondary) (duration) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Norbert F. C. Kehoe, M. D.

3/1/1926 (Address) 2101 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Mar. 2 1926

20 UNDERTAKER: Robt. T. Turner, Inc.

ADDRESS: 1442 N. Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07891

E 07891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Ashland Ave ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Holton

(a) RESIDENCE. NO. 1704 Ashland Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
44	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Nancy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Geo. Evans 1704 Ashland Ave

15 Filed MAR 2 - 1926 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28/26

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1926, to Feb 28, 1926, that I last saw her alive on Feb 28, 1926, and that death occurred, on the date stated above, at 2.45 A. M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Jas A Layton M. D.

(Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: March 2 1926

20 UNDERTAKER: Jos. F. [illegible]. Rochester ADDRESS: 453 Clermont St

Spec.—1-10-21 M&T 1500 Bks.

189345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07892

17 E 07892

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 10-2 WARD)

2-FULL NAME Alexander Williams

(a) RESIDENCE No. 1232 E. Monument ST. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Lyric Theater

(c) Name of employer Chas. F. Young Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 27 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25 1926 to Feb. 27 1926.

that I last saw h alive on Feb. 27 1926.

and that death occurred, on the date stated above, at 6:25 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Cardio vascular renal disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene foot right

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 24 1926

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Henry A. Peterson M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL March 3 1926

20 UNDERTAKER Jos. T. H. Rochester ADDRESS 1413 Jefferson St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07893 E 07893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 W Lee ST. 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jennie Lee

(a) RESIDENCE NO. 530 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Lee

6 DATE OF BIRTH (month, day, and year) Mar-1-855

7 AGE — Years 71 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chamber maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr. W. J. Watson Dunmore Chestertown Maryland.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Bessie Robinson

(Address) 1804 W Lite St.

15 Filed MAR 2 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-27 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb-18, 19 26, to Feb-27, 19 26, that I last saw h[illegible]ive on Feb-26, 19 26 and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 10 da.

CONTRIBUTORY (Secondary) Chr Endocarditis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No | Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Dan Francheni, M. D.

2/1, 19 26 (Address) 1122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion | DATE OF BURIAL Mch. 2 1926

20 UNDERTAKER John H Toadvine | ADDRESS 1027 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07894

100-001

E 07894

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. York ST. 22-2 WARD)

2-FULL NAME Frank Allen

(a) RESIDENCE No. 110 W. York ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan. 8 1924

7 AGE: Years 1 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Estella Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Estella Floyd 110 W. York St.

15 Filed 1926 19 K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 - 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1926 to Mar 1 1926 that I last saw h— alive on Mar 1 1926 and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D H Carroll M. D.

(Address) 136 W Mill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3.0 1926

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Hanover

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07895

CERTIFICATE OF DEATH.

E 07895

REGISTERED NO. 72-2 3/

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore city hospitals (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George mckenzie

(a) RESIDENCE No. 709 Hanover st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) British West Indies

PARENTS

10 NAME OF FATHER George mckenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) British West Indies

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ..., 19 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926, to Feb. 27, 1926, that I last saw him alive on Feb. 27, 1926, and that death occurred, on the date stated above, at 8 A. M. p. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal pulmonary hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. B. McClane M. D.

2-27-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Jon et — DATE OF BURIAL March 3 1926

20 UNDERTAKER L. L. Brown & Son — ADDRESS 1111 Monty St

Cor.—12-9-25—A Co.—200 Bks.

Georgia Ann Queen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07896

CERTIFICATE OF DEATH.

90

E 07896

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 Wayne. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Ann Queen

(a) RESIDENCE NO. 533 Wayne St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1866

7 AGE: Years 60 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Geo. Queen

(Address) 533 Wayne St

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. E. Lee M. D.

(Address) 1 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial March 3 1926

20 UNDERTAKER: L. E. Brown & Son ADDRESS 1011 Wilkens Ave

Very important. See instructions on back of certificate.

Cor.—1-12-26—M&T—100 Bks.

E 07897

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 07897

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Winter St. ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Frances Wright.(C)

(a) RESIDENCE NO. 127 Winter St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 8 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Matthew Wright, (Col

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oxford, Md.

12 MAIDEN NAME OF MOTHER Mary Smith (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Md.

14 Informant Mary Wright, (C) mother
(Address) 127 Winter st.

Filed 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Leinhardt, M. D. (Coroner.)

March 1, 1926 (Address) 107 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Joy ct — DATE OF BURIAL March 2 1926

20 UNDERTAKER L. A. Brandau Son — ADDRESS 1018 W Fayette st

HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07898

CERTIFICATE OF DEATH.

129 **E 07898**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E. Randall ST., 24-2 WARD)

2-FULL NAME Jacob Maurice Dicus Sr

(a) RESIDENCE NO. 208 E. Randall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Dicus

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R. 013

9 BIRTHPLACE (city or town) Benfield Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacob R. Dicus

11 BIRTHPLACE OF FATHER (city or town) Delchester Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Davis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Mrs Laura V. Dicus
(Address) 208 E. Randall St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926, to Feb 28, 1926, that I last saw him alive on Feb 27, 1926, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3 2 1926 (Address) 1 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Mar 3 26
20 UNDERTAKER	ADDRESS
Wm J Fickus Sons	North Pa

HAMILTON JONES, M. D.

Spec. – 1-10-21 – M&T – 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07899

CERTIFICATE OF DEATH.

13 E 07899

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 27-4 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Toxwell Gulley

(a) RESIDENCE NO. Cross Country Boulevard ST., Balto WARD
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. W. Gulley

6 DATE OF BIRTH (month, day, and year) July 22-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) Balto.
(State or country) Md

PARENTS

10 NAME OF FATHER Benj. F. Topwell

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Van Sant

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Thos. W. Gulley
(Address) Cross Country Blvd

15 Filed MAR 2 1926 19 HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1926 to Feb 28 1926,
that I last saw h[illegible] alive on Feb 28 1926,
and that death occurred, on the date stated above, at 11:30 P m.
The CAUSE OF DEATH* was as follows:
Septicaemia, (colon bacillus)

(duration) — yrs. ? mos 26+ ds.
CONTRIBUTORY (Secondary) Ureters-Lithiasis, right and Pyonephrosis (right)
(duration) ? yrs. ? mos. 26+ ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of Feb 27th 1926
Was there an autopsy? Yes
What test confirmed diagnosis? Blood culture, X-ray & operation
(Signed) Watt W. Eagle M. D.
3/29 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Mar 3 1926

20 UNDERTAKER Wm J. Gickner & Sons — ADDRESS N. Y Pa

IMPORTANT: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 07900

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 07900

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No.) Caroline & Aliceanna ST. 27-3 WARD)

2-FULL NAME Mrs. Francis Parham

(a) RESIDENCE NO. 5339 Belmont Ave ST. Pimlico WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Parham

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: 39 — Years: 38 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wilson Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eliza Savage

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Rosetta Hill

(Address): 926 Lorraine Ave.

15 Filed MAR 2 - 1926 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 28, 1926,

that I last saw h e alive on Feb. 28 1926

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Cardiac Hypertrophy with Decompensation

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Sal

(Signed) T. Joseph Tenney, M. D.

, 1926 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Mar. 3 1926

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 416 N. Carey St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-902

07901

CERTIFICATE OF DEATH.

E 07901

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Lancaster ST., 2-2 WARD)

2-FULL NAME Michael . Bozek

(a) RESIDENCE NO. 1624 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella . Bozek

6 DATE OF BIRTH (month, day, and year) April 22 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER George . Bozek

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Petronela. Krygowski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs. Stella . Bozek Wife

(Address) 1624 Lancaster Street

15 Filed 12-1926 C. HAMPSON JONES, M. D. Registrar

By R[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1926 to Feb 28, 1926

that I last saw h[illegible] alive on Feb 28, 1926

and that death occurred on the date stated above, at 1 45 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. D. Bosley, M. D.

June 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem. [illegible]	March 2 1926
20 UNDERTAKER	ADDRESS
John M Weber	1513 Eastern

Spec.—1-10-21—M&T—1500 Bks.

E 07902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 07902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 Friedell ST. 24-1 WARD)

2-FULL NAME Elizabeth M Sugars

(a) RESIDENCE NO. 441 Friedell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. F Sugars

6 DATE OF BIRTH (month, day, and year) 2-23-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		4 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo Booth.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane McCurdy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jos A Booth

(Address) 441 Friedell St

15 Filed MAR 2 1926 19

WILLIAM H. JONES, M. D. Registrar

KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 20 1925 to July 28 1926.

that I last saw h[illegible] alive on July 27 1926.

and that death occurred, on the date stated above, at 650 A m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 6-26

Was there an autopsy? no Fracture of Femur of Right Leg

What test confirmed diagnosis?

(Signed) F. T. Smith, M. D.

(Address) 910 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross 448 — DATE OF BURIAL 3-3 1926

20 UNDERTAKER Ehlb Hasle — ADDRESS 1158 E West St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07903

100-001

CERTIFICATE OF DEATH.

E 07903

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E. Hamburg ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mata E. Airey

(a) RESIDENCE NO. 411 E Hamburg ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28, 1925

7 AGE: Years | Months: 8 | Days: 3 | If LESS than 1 day, hrs. or min.: 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Ollie Airey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary E. Breden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mary Airey

(Address): 411 E Hamburg St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3.1 1926

17 I HEREBY CERTIFY, That I attended deceased from 2.14 .1926. to 3.1 .1926.

that I last saw h[illegible] alive on 3.1 .1926

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

1. Bronchpneumonia (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Huntington, M. D.

3.1. 1926 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem DATE OF BURIAL: March 2 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 3[illegible] Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

1926
38

07904 HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001 / E 07904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 N Carey ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Brown.

(a) RESIDENCE NO. 1725 N Carey ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ena Brown

6 DATE OF BIRTH (month, day, and year): Sept. 14 1888

7 AGE: Years 37 Months 5 Days 15.

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

023

9 BIRTHPLACE (city or town) (State or country): Balto m d

PARENTS

10 NAME OF FATHER: Elizah Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): A A Co md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Ena Brown

(Address): 1725 N Carey st

15 Filed 1926 JAMES H. THOMPSON JONES, M. D. Registrar

R2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15. 1926 to Feb 27 1926, that I last saw him alive on Feb. 27 1926 and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

acute bronchitis

(duration) — yrs. — mos 15 ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) — yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phys. symptoms

(Signed) Chas. C. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemtery

DATE OF BURIAL: March 3, 26

20 UNDERTAKER: Thos. Sav. H. Dennis per L. E. Kelson

ADDRESS: 1303 Pulaski.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07905

E 07905

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 213 North Parish St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Pauline Canada

(Residence in Baltimore: No. 213 North Parish St.; 1 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Cold

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. Jan 26th 1924
(Month) (Day) (Year)

7-AGE. 2 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pa

PARENTS.

10-NAME OF FATHER. Henry Canada

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Winifred Gadson

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Canada

(Address) 213 North Parish St

15- Filed 1926 G. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 1st 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, found that said deceased came to her death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. = mos. 2 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) — yrs. — mos. 4 ds.

(Signed) Thos. B. Horton M. D.
Coroner.

Mch 1st 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Bal. to Bril

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Mount Zion Cemy Mar 2 1926

20-UNDERTAKER. Adolphus Halsted ADDRESS 904 N Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 07906

E 07906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Yolanda Svezzese

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-1 ST. WARD)

2-FULL NAME Yolanda Zvesuk Svezzese

(a) RESIDENCE NO. 916 Eastern ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sep 20 1924

7 AGE: Years 1 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Nicholas Svezzese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Clara Farracci

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: James Farracci (Address) 916 Eastern av

15 Filed MAR 2 1926 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/24/26, 19 26, to 3/2/26, 19 26.

that I last saw h[illegible] alive on 2/24/26, 19 26.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 2/22/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Physical findings

(Signed) Wm Endorf, M. D.

3/4, 19 26 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Mar 3 1926

20 UNDERTAKER: Wendell Dypperd — ADDRESS: 378 N

Spec—12-23-21—E.B.R.S.—400 Bks. Fleckenstein

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07907

CERTIFICATE OF DEATH.

E 07907

1-PLACE OF DEATH

City of BALTIMORE (No. 445 N Fremont Ave St., 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Frank Fleckenstein

(a) Residence No. 445 N Fremont Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 4 - 1882

7-AGE 44 yrs. 2 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Soap Manufactory

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER Sebastian Fleckenstein

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Katherine Walford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Katherine Cook

(Address) 445 N Fremont Ave

15- C. HAMPSON JONES, M. D. Registrar.

Filed MAR 2 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 28/26

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 to 26 Jan 25 to 26 (but I last saw h... alive on Jan 25 to 26) and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (Hemiplegia)

(Duration) 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Cook, M. D.

2/28, 1926 (Address) 413 N Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 3, 1926

20-UNDERTAKER Wendell Offell & Son — ADDRESS Fremont

Spec.—1-10-21—M&T—1500 Bks.

E 07908 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Decker Ave. Ward 9-3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Lores

(a) RESIDENCE NO. 513 N. Decker Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William J. Lores

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Colinton

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Johanna Allen

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Wm J. Lores

(Address) 513 N. Decker Ave

Filed 2 1926, 19 WM. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Feb 26 1926

that I last saw him alive on Feb 27 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

a ~~cause~~ Complication

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) acute Edema of Lungs

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Thumlert, M. D.

(Address) 1500 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Mar 1926

20 UNDERTAKER Wm E. Miller & Son ADDRESS 2334 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07909

CERTIFICATE OF DEATH.

12 E 07909

REGISTERED NO. 6-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—NO. 142 N. Ellwood Ave ST. (WARD)

2-FULL NAME George W. Magan

(a) RESIDENCE NO. 142 N. Ellwood Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or ~~divorced~~

HUSBAND of the late

~~or) WIFE~~ of Mary Magan

6 DATE OF BIRTH (month, day, and year) Aug 13 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: C & P. Telephone Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Daniel Magan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret Magan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Isabelle Robertson 142 N. Ellwood Ave

C. HARRISON JONES, M. D.

Filed 2 - 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1926, to Feb. 28, 1926, that I last saw h[illegible] alive on Feb 27, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia - Odema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Chant, M. D.

2/[illegible], 1926 (Address) 701 Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Mar 2 1926

20 UNDERTAKER: Jas E. Tullett & Son

ADDRESS: 2334 Jeff

TION IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 07910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07910

CERTIFICATE OF DEATH.

129

REGISTERED NO. _____

1-PLACE OF DEATH Pronounced dead at 22-1

City of BALTIMORE: (No. Balto City Hospital St. _____ Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brown

(a) RESIDENCE NO. 814 Warner St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Brown

6 DATE OF BIRTH (month, day, and year) Oct 12 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city

(State or country)

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Columbus Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Stella Brown

(Address) 814 Warner

15 Filed Nov 2 1925 19 HAMPSON JONES, M. D. Registrar

Per P K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia Nephritis & Arteriosclerosis 2nd & heart

(duration) 2 yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) Congestion of lungs & brain (duration) 1 yrs. ? mos. ? ds.

(Signed) James M Hewlett M. D. (Coroner)

Oct 31, 1925 (Address) 1002 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mark Church Cemetery Glenn Creek Cal. County Md Date of Burial Nov 3 1925

20 UNDERTAKER Mrs Lee H Hofer ADDRESS 906 W. Conway St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07911

CERTIFICATE OF DEATH.

179 E 07911

63

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey Mozzano

(a) RESIDENCE NO. 403 N. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 9ct 20/1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frank Mozzano

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Edith Hartman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Edith Mozzanno

(Address) 403 N. Robinson St

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd burns. Clothing set fire by 4 yr old brother while burning newspaper. Accidental

..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Paul M. D.

(Coroner)

3/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL London Park Date of Burial Mar 2 1926

20 UNDERTAKER John Ulrich ADDRESS 200 Orleans

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07912 — 167-092 — E 07912

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 5-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Pinder

(a) RESIDENCE NO. 1130 Sterling St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or ~~Divorced~~, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			Two	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Clarence Kemish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosa Pinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. Isaacson
(Address) Johns Hopkins Hospital

15 Filed 1926 HAMPSON JONES, M. D. Registrar
RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1926, to Feb. 18, 1926, that I last saw her alive on Feb. 18, 1926, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Feb-16-26

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. Isaacson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.-1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07913

CERTIFICATE OF DEATH.

11-001

E 07913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Garrison Av St. 27-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Stromyer

(a) RESIDENCE NO. 5209 Garrison Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph J. Stromyer

6 DATE OF BIRTH (month, day, and year): June 9th 1853

7 AGE: Years 72 | Months 8 | Days 22 | If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Andrew Hemmler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Andrew Stromyer

(Address): 5209 Garrison Av

15 Filed MAR 2 1926, C. HAMPSON JONES, H. C. Registrar

For R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 1 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1926, to Mar. 1st, 1926.

that I last saw her alive on Feb. 28th, 1926

and that death occurred, on the date stated above, at 10. a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank J. Hellis, M. D.

, 19 (Address) 2838 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Weston

DATE OF BURIAL: March 4 1926

20 UNDERTAKER: Ignatius Tabeyd

ADDRESS: 1911 Fourth Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07914

E 07914

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 4-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Parker

(a) RESIDENCE No. 232 Pearl St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): (?)

7 AGE: Years #3(?) Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Robert Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: S. Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Baltimore City Hospitals Md.

15 Filed MAR 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1925 to Feb. 26, 1926.

that I last saw h[illegible] alive on Feb. 26, 1926.

and that death occurred, on the date stated above, at 1:50 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos 4 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Dilly, M. D.

2-27-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND Health MAR 2 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07915

CERTIFICATE OF DEATH.

90 E 07915

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 3-2 WARD)

2-FULL NAME Logan Burrell

(a) RESIDENCE NO. 8 South Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: Years 62yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Amy Burrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ..., 19 ... Registrar

R 2 - 1926 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926 to Feb. 27, 1926.

that I last saw him alive on Feb. 27, 1926

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 9 mos (History) ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 3 mos. (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

2/28 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

[illegible] UNIVERSITY OF MARYLAND [illegible]

C. HAMPSON JONES, M. D. [illegible]

[illegible] Commissioner of Health

[illegible] Dep. Com. of Records

FROM a very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07916

CERTIFICATE OF DEATH

QE 07916

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Mrs. Mooba H. Griffiths

(a) RESIDENCE NO. 29 Farrington Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 2 yrs. 6 mos. How long in U. S., if of foreign birth? ..... yrs. Springfield, Mass. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of George N. Griffiths

6 DATE OF BIRTH (month, day, and year) May 28, 1865

7 AGE 60 Years 9 Months 2 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (City or town) (State or country) Newburgh Indiana

PARENTS

10 NAME OF FATHER C. F. Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Henderson, Ky.

12 MAIDEN NAME OF MOTHER Fannie Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newburgh Indiana

14 Informant (Address) John T. Hopkins, Aberdeen, Md.

15 Filed MAR 2 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926 to March 1, 1926 that I last saw h alive on March 1, 1926 and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Toxic adenoma Thyroid

(duration) about 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) about 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 3/1/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Edwin B Jarrett, M. D.

March 2, 1926 (Address) Union

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evansville Indiana — DATE OF BURIAL March 2 1926

20 UNDERTAKER W. W. Jenkins & Son — ADDRESS Received Mt. Holly

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07917

E 07917

CERTIFICATE OF DEATH.

9-6 74-81

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 Harford av ST., WARD)

2-FULL NAME Mina Coates

(a) RESIDENCE No. 1840 Harford av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Israel B. Coates

6 DATE OF BIRTH (month, day, and year): April 1 1828

7 AGE: Years 97 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Harman.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Minna Harman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Sadie E. Schaal.

(Address): 1840 Harford ave.

15 Filed 2-1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 27 1926

17 I HEREBY CERTIFY, That I attended deceased from February 1 1926 to February 27 1926

that I last saw her alive on February 27 1926

and that death occurred, on the date stated above, at 9 P. m

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General appearance and history of case.

(Signed) Amelia E. Lynch M. D.

2/1 1926 (Address) 1717 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery. DATE OF BURIAL: March 2 1926

20 UNDERTAKER: George J. Ruth ADDRESS: 1735 Harford av

Spec.—1-10-21—M&T—1500 Bks.

07918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49E 07918

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3516 Clifton Ave. ST. 15-5 WARD)

2-FULL NAME Harry E. Perry

(a) RESIDENCE NO. 3516 Clifton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Martha C. Perry

6 DATE OF BIRTH (month, day, and year) May 28th. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Broker

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Frederick H. Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Anna A. Northup

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Martha C. Perry

(Address) 3516 Clifton Ave.

15 Filed MAR 2 - 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1st. 1926.

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1926, to 3-1, 1926.

that I last saw h'm alive on 2-28, 1926.

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

CARCINOMA, LEFT LUNG

(duration) 1+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? + - Ray, Etc.

(Signed) John L. Jonsey M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Whitney Point N. Y. DATE OF BURIAL Mar 3 1926

20 UNDERTAKER Chas F. Traul & Son ADDRESS 1180 W. Mt Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07919

CERTIFICATE OF DEATH.

E 07919

Registered No. 1001

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 Eden St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Evision Gladden

(a) Residence No. 703 Eden St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 4 1923

7-AGE, 2 yrs. 5 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Non

(b) General nature of industry, business, or establishment in which employed (or employer)... Non

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Balt—

PARENTS.

10-NAME OF FATHER, Ernest Gladden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), H Mary Co.

12-MAIDEN NAME OF MOTHER, Norma Bruce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), H Mary Co

14- (Informant) Mother Norma Bruce

(Address) H-Mary Co

15- Filed 2-[illegible]-1926 C. HAMPSON JONES, M. D. 193

Per [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-28-26

17- I HEREBY CERTIFY, That I attended deceased from 2-26 1926 to 2-28 1926

that I last saw her alive on 2-28 1926

and that death occurred, on the date stated above, at 7:30 PM

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Jackson M. D.

2/1, 1926 (Address) 808 W Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cem DATE OF BURIAL, May 3 1926

20-UNDERTAKER, Mrs R A Elliott ADDRESS 1726 Ashland Ave

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07920

CERTIFICATE OF DEATH.

129 E 07920

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Ensor ST. 10-2 WARD)

2-FULL NAME Annie Phillips

(a) RESIDENCE NO. 722 Ensor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Phillips

6 DATE OF BIRTH (month, day, and year): Unknown 1856

7 AGE: Years 70 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) Cecil County (State or country) Maryland

PARENTS

10 NAME OF FATHER John Gibbs

11 BIRTHPLACE OF FATHER (city or town) Cecil (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mary Curtis (Address) 722 Ensor Street

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1926, to Feb-28th, 1926.

That I last saw her alive on 2-28-26, 19

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 1 mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Edith Leonard, M. D.

, 19 (Address) 108 Ensor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: Mar 3 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1733 Ashland Ave

Spec. 1-10-21—M&T—1500 Blks.

E 07921 HEALTH DEPARTMENT—CITY OF BALTIMORE + 90 E 07921

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (ST.) 2501 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anastatia Maloney

(a) RESIDENCE NO. Mt Hope Retreat ST. 25th WARD Wheeling W. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? 71 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt	71	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer) R. Work. 065

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Washington Pa

PARENTS

10 NAME OF FATHER John Maloney

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) (?)

12 MAIDEN NAME OF MOTHER Ellen Quigley

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) (?)

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Retreat

15 Filed MAR 2 - 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1926, to March 1, 1926, that I last saw her alive on March 1, 1926 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis - Post Senile Atheroma

Abt (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Senile Psychosis - Abt (duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Wheeling W. Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wheeling W. Va. DATE OF BURIAL March 1926.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Please be very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07922

CERTIFICATE OF DEATH.

E 07922
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 404 Palaf. ave ST. Brookl 257 WARD

2-FULL NAME John Thomas Jayman Jr.

(a) RESIDENCE. No. 404 Palaf. ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13/4 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16-1924

7 AGE: Years 1 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Brooklyn, Balto. Md.

PARENTS

10 NAME OF FATHER: Johnas T. Jayman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lena H. Hohman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Johnas T. Jayman - Same

15 Filed 2-1926 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 1926 to Feb 1st 1926

that I last saw h— alive on Feb 1-26 1926

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): measles (Feb 19)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? Date of Jan 27-1926.

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Robt H. Johnson M. D.

, 19 (Address) Brooklyn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Mar 3 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

Spec. 1-10-21 M&T 1500 Blks.

E 07923

HEALTH DEPARTMENT—CITY OF BALTIMORE E 07923

CERTIFICATE OF DEATH.

Dr Scholla 90 17 Park Ave

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Harlem Ave ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa M. Santry

(a) RESIDENCE No. 1530 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John J Santry

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cath. McConnel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John J Santry

(Address) 1530 Harlem Ave

15 Filed 2-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 26, 1926 to Feb 28, 1926.

that I last saw her alive on Feb 28, 1926.

and that death occurred, on the date stated above, at 7 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic with Cardiac Decompensation

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Howard Donaldson M. D.

19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1/3/26 19

UNDERTAKER John J Feeley & Sons

ADDRESS 18 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07924

CERTIFICATE OF DEATH.

31

E 07924
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2011 Bank St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hourka

(a) RESIDENCE NO. 2011 Bank St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christena Hourka

6 DATE OF BIRTH (month, day, and year): Oct 1 1895

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wire Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Hourka

11 BIRTHPLACE OF FATHER (city or town): Bohemia

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Banuska

13 BIRTHPLACE OF MOTHER (city or town): Bohemia

(State or country)

14 Informant: Christena Hourka

(Address) 2011 Bank St

Filed FEB 2 - 1926 HAWSON JONES

Per KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 2-25-26

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1926 to Feb 25 1926

that I last saw h alive on Feb 22 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

1a Cardiac Asthenia — Natural

Pulmonary Tuberculosis Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 26 (Address) 606 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Mon 3 1926

20 UNDERTAKER: Frank E Woelfel Son ADDRESS 1906 Eastern

Very important. See instructions on back of certificates.

1-10-21—M&T—1500 Blks.

Floyd
2232 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07925

CERTIFICATE OF DEATH.

179 E 07925

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1728 Moreland ST. 15-9 WARD)

2-FULL NAME Jacob R. Danner

(a) RESIDENCE NO. 1728 Moreland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of E. Elizabeth Danner

6 DATE OF BIRTH (month, day, and year) July 13, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Baltimore Co

PARENTS

10 NAME OF FATHER David M. Danner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Eliz Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Myrtle E. Danner

(Address) 1728 Moreland Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 28, 1926, to Feb 28, 1926, that I last saw h[er] alive on Feb 28, 1926, and that death occurred, on the date stated above, at 5:15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo Floyd, M. D.

, 19 (Address) 1723 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 3/3 1926

UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

E 07926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07926

CERTIFICATE OF DEATH.

161-606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 W. Saratoga ST. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature twin, Baby Silzer

(a) RESIDENCE NO. 2107 W. Saratoga ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 3/11/26

7 AGE: Years | Months | Days | If LESS than 1 day 1 hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Francis Morris Silzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ethel Agnes Forman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Ethel Agnes Silzer 2107 W. Saratoga St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R.P.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-4- 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-1- , 19 , to 3-4- , 19 26,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Robert Brookeman

ADDRESS: Calhoun & Sullivan

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07927

E 07927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Bayard Street St. 21-W Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Webster Armesworthy

(a) RESIDENCE NO. 1113 Bayard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Armesworthy

6 DATE OF BIRTH (month, day, and year) October, 25" 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	6 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shopman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railway Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin Armesworthy

11 BIRTHPLACE OF FATHER (city or town) St. Marys Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary R. Baynard

13 BIRTHPLACE OF MOTHER (city or town) St. Marys Co. (State or country) Md.

14 Informant William M. Armesworthy (Address) 2736 Winchester St.

15 Filed 1926 C. Hampson Jones, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Mar 1, 1926, that I last saw him alive on Mar 1, 1926 and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. K. Campbell, M. D.

2/2, 1926 (Address) 1644 S. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery.

DATE OF BURIAL Mar 4th 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Balto

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07928 E 07928

CERTIFICATE OF DEATH.

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 East Eager Street ST. 10-2 WARD)

2-FULL NAME Catherine O'Brien

(a) RESIDENCE NO. 713 E. Eager Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. O'Brien

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Mathew Flaraty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Helen McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant MRs. Briley

(Address) 3813 Dalrymple Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926, to Feb 28, 1926, that I last saw h alive on Feb 28, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 713 E Eager St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

3-2-1926 (Address) 1006 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 3 1926

20 UNDERTAKER J. C. Medefild — ADDRESS 914 Greenmount

NOTE—It is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07929

E 07929

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Alan St., ST., 9-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Roeder

(a) RESIDENCE NO. 9 Alan St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George Roeder

6 DATE OF BIRTH (month, day, and year) March 20, 1839

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	8 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Heronimus Brendan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Adam Roeder

(Address) 3521 Homewood Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926 to Feb 28 1926

that I last saw h alive on Feb 28 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Uremia

Contributory Arteriosclerosis

CONTRIBUTORY (Secondary) Cerebral (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

(Address) 1501 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar 3 1926

20 UNDERTAKER Harry H. Witzke ADDRESS 534 W. Lombard

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 07930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 1456 William St. (St.) (Ward) 15-2

2-FULL NAME August F. Zirl.

(a) RESIDENCE NO. 1456 William St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a If married, widowed, or divorced, HUSBAND of Catherine M. Zirl.

6 DATE OF BIRTH (month, day, and year) August 1, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Catherine M. Zirl (wife)
(Address) 1456 William St.

15 Filed 1926 C. HAMPSON JONES, M. D.
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Pomkardt, M. D.
(Coroner.)
March 1, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL: March 3 1926

20 UNDERTAKER: Harry H. Weitz Co. ADDRESS: 1531 Lombard St.

Spec.—1-10-21—M&T—1500 Bks.

E 07931 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS St. 21-3 (Ward) 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pensel

(a) RESIDENCE NO. 612 W. Cross St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct 16 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 yr.	4	15 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAR 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to March 1, 1926.

that I last saw h[illegible]ive on March 1, 1926

and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Mills, M. D.

3/2, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 3 1926

20 UNDERTAKER Mr. & Mrs. John W. Tenpel & Son — ADDRESS 631 W. Fayette

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07932

CERTIFICATE OF DEATH.

E 07932

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin Square Hosp (Mt) ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Girl Dean Elizabeth Dean

(Residence in Baltimore: No. 2741 W Fairmount av St.: — yrs., — mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 20, 1926 (Month) (Day) (Year)

7-AGE, 9 days yrs. mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Mr Allie Dean

11-BIRTHPLACE OF FATHER (State or Country), Dorchester-Md.

12-MAIDEN NAME OF MOTHER Mary Ester Dean

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allie Dean

(Address) 2741 W Fairmount av

15- Filed MAR 3 - 1926, 191.... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1926, to March 1 1926, that I saw h[illegible] alive on March 1 1926, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) yrs. mos. ds.

(Signed) M. A. Jacobs M. D.

....., 191... (Address) Franklin Square Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? yes

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Mar 3 1926

20-UNDERTAKER F. B. Wappett ADDRESS 1850 W. Baltimore St

Spec. 0021 M&T 1500 Bks.

E 89465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07933

CERTIFICATE OF DEATH.

16-27-001

E 07933

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16 ST., WARD)

2-FULL NAME Wilbert Ott. Wilbert Ott

(a) RESIDENCE NO. 820 Caroline Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Charles Ott

11 BIRTHPLACE OF FATHER (city or town) (State or country)*: Md.

12 MAIDEN NAME OF MOTHER: Rose Gruene

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed . 19 Registrar

3-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27th, 19 to Feb. 28th, 1926.

that I last saw him alive on Feb 28th, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Meningitis, acute purulent

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of Feb. 27, 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. W. Jacobsen M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Mar 3rd 1926

20 UNDERTAKER: F. D. Westfeldt

ADDRESS 1850 W. Baltimore

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2721 Huntingdon Ave ST., 17 WARD)

REGISTERED NO. 2100 8001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Kelley

(a) RESIDENCE NO. 2721 Huntingdon Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 10 1892

7 AGE — Years: 33 Months: 4 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: John R Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sadie McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sadie Parker

(Address) 2721 Huntingdon

15 1926 CHAMPSON JONES, M. D.

, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 18 1926 to Feb 28th 1926.

that I last saw her alive on Feb 28th 1926.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place death.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Personal observation.

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cemetery

DATE OF BURIAL: Mar 3 1926

20 UNDERTAKER: H S Marshall

ADDRESS: 3539 Falls Road

See instructions on back of certificates. This is very important

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07935

CERTIFICATE OF DEATH.

179 E 07935

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo Balto Co Hosp ST. 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Holmes

(a) RESIDENCE NO. 102 Carroll St Brooklyn ST.. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 4 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	10	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) 0ne

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn Md

PARENTS

10 NAME OF FATHER Wilbur Holmes

11 BIRTHPLACE OF FATHER (City or town) (State or country) Furnace Branch Md

12 MAIDEN NAME OF MOTHER Agnes Green

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Brooklyn Md

14 Informant Mr H. Green

(Address) Brooklyn Md

15 Filed MAR 3 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/25 1926 to 2/27 1926

that I last saw h/M alive on 2/27 1926

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency (Chronic)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia. (duration) yrs. mos. 3 ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic.

(Signed) W. B. Hellard, M. D.

19 (Address) 858 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch

DATE OF BURIAL Mar 3 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Nellie Feigenbaum.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07936

CERTIFICATE OF DEATH.

+ 101-801

E 07936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs ~~Frederick~~ Nellie Feigenbaum (M.D.)

(a) RESIDENCE NO. New York City ST., WARD New York.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Frederick~~ D Feigenbaum

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Austria
(State or country)

PARENTS

10 NAME OF FATHER Jacob Wohlberg

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Klein

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

14 Informant Mr. Feigenbaum
(Address) New York City

15 Filed APR 3 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to March 3rd, 1926,

that I last saw her alive on March 3rd, 1926,

and that death occurred, on the date stated above, at 2-25 p.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pneumonia - Lobar

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? - Onset insidious

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination of Blood

(Signed) Charles O'Donovan, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn, N. Y. | DATE OF BURIAL 3/5/ 1926

20 UNDERTAKER David Sondheim ADDRESS 14-20 W. Mt. Royal Ave

R3 1926

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr: athey

E 07937 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07937

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Berkshire Road ST. 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dena Stahm

(a) RESIDENCE NO. 3111 Berkshire Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis F. Stahm

6 DATE OF BIRTH (month, day, and year): July 11 1861

7 AGE — Years: 64 65 — Months: 7 4 — Days: 21 9

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Friedrich Faber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Friedericka Lachr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna B. Bontteron

(Address) 3111 Berkshire Road

15 Filed MAR 3 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 26, 1925, to March 2, 1926, that I last saw h[illegible] alive on March 1, 1926, and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(duration) 1 yrs mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edel V. Athey, M. D.

March 2, 1926 (Address) 100 S. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Mar. 5 1926

20 UNDERTAKER: Henry Sauder & Sons Inc. — ADDRESS: 1710 Fleet St

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07938

CERTIFICATE OF DEATH.

101-200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Patterson Park Ave. ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August FRIESE

(a) RESIDENCE NO.: 218 S. Patterson Park Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 12. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	50	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter. 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Friese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Johanna Friese

(Address) 218 S Patterson Park Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1926

17

I HEREBY CERTIFY, That I attended deceased from February 22, 1926, to March 1- 1926,

that I last saw him alive on March 1- 1926,

and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Calet V. Atkey, M. D.

March 2, 1926 (Address) 100 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Mar 3 1926

20 UNDERTAKER: Henry Sander & Sons. Inc — ADDRESS: 1110 Fleet St

MAR 3 1926 BALTIMORE, MD.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

96 E 07939 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home ST.: 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie A Scott

(a) RESIDENCE. No. 1400 W Lexington St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 29 1847

7 AGE: Years 78 Months 3 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thomas E Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lettie E Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Ella J Jones

(Address) 1400 W Lexington Matron

15 Filed 3 1926 G. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1925, to March 1 1926, that I last saw h alive on March 1, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Pulm Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

March 1926 F J Norwood, M. D.

, 19 (Address) 919 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	March 3 1926
20 UNDERTAKER	ADDRESS
George J Smith	532 Hollins

Spec.—1-12-23—M&T—500 Bks.

E 07940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74E 07940

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Saratoga St ST., 75-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jackson Blocker

(a) RESIDENCE NO. 1105 Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Carrie Blocker

6 DATE OF BIRTH (month, day, and year) 2/7/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Jackson Blocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Henrietta Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Ira Blocker

(Address) 1105 Saratoga St.

15 Filed 3/3 19 26 G. HAMPSON JONES, M. D. Registrar

R. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/13/ 1926, to 3/1/ 1926, that I last saw him alive on 2/28/ 1926, and that death occurred, on the date stated above, at 8.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 4 mos 25 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Hamilton M. D.

3/1/ 1926 (Address) 917 E. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/3 1926

20 UNDERTAKER Samuel H. Kinsley

ADDRESS 578 N. Bridge

Spec.—1-10-21—M&T—1500 Bks.

E 07941 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07941

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4636 York Road ST., 27-8 WARD)

2-FULL NAME Catherine Reilley

(a) RESIDENCE NO. 4636 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. Reilley

6 DATE OF BIRTH (month, day, and year) Dec. 23rd. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Fahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Frank J. Casey. (Address) 4636 York Road.

15 MAR 3 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1st. 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1926, to March 1, 1926, that I last saw her alive on March 1, 1926, and that death occurred, on the date stated above, at 6 0. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. W. Wheeler M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Mar. 4th 1926

20 UNDERTAKER Chas P. Sauls & Son ADDRESS 1180 Mt Royal ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07942

CERTIFICATE OF DEATH.

74-001

E 07942

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Madison ave St., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME S. Rebecca Thomas

(a) RESIDENCE No. 811 Madison ave ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13 1836

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or .... min.
89	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Milliner

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Eli Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md Shrewsbury Shugh

12 MAIDEN NAME OF MOTHER Shugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Miss Grace Hixon

(Address) 811 Madison ave

15 Filed MAR 3 1926, 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1926. to Mch. 1, 1926.

that I last saw her alive on Mch. 1, 1926,

and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy—Cerebral.

(duration) 1 yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Infirmities of age, possibly. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Wm. M. Pannebaker, M. D.

, 19 (Address) 809 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Frederick, Md.

DATE OF BURIAL: March 4 1926

20 UNDERTAKER: W M Rouston

ADDRESS 2258 N Arch St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07943

CERTIFICATE OF DEATH.

129 E 07943

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E Preston ST., 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Schweigart

(a) RESIDENCE NO. 1414 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M Schweigart

6 DATE OF BIRTH (month, day, and year) Feb 23 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Well Digger

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Schweigart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Ella M Schweigart 1414 E Preston.

15 Filed ..... 19 ..... Registrar

MAR 3 - 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/3/25, 19..., to 3/2/26, 19..., that I last saw h— alive on 3/1/26, 19..., and that death occurred, on the date stated above, at 3/2/26 m. 6.30 AM

The CAUSE OF DEATH* was as follows:

Ch. Dis. Kid.

Mitral Regurg.

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Tuny, M. D.

3/3/1926 (Address) 91 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Cemetery Govans — DATE OF BURIAL: Mar 5 1926

20 UNDERTAKER: W M Routson — ADDRESS: 2238 N Smith

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07944

CERTIFICATE OF DEATH.

15-974-001

E 07944

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 15 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Ruben

(a) RESIDENCE No. 2419 Baker St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ruben

6 DATE OF BIRTH (month, day, and year) ------1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sarah Ruben
(Address) 2419 Baker St.,

15 Filed 3 1926, 192 C. HAMPSON JONES, M. D. Registrar
Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2nd, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

March 3, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 3-3, - 1926

20 UNDERTAKER Jack Levin

ADDRESS 1473 E. Lafa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07945

CERTIFICATE OF DEATH.

117

E 07945

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home Inf. ST. 13-6 WARD)

2-FULL NAME Annie Hurwitz

(a) RESIDENCE NO. 2019 Callow Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hyman Hurwitz

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 45; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Solomon Sirkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): R.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant (Address): Lewis 1439 E. Balto. St

15 Filed , 19 Registrar

R 3 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1926, to March 3, 1926.

that I last saw h alive on March 3, 1926

and that death occurred, on the date stated above, at 4.55 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Appendicitis

(duration) not known mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes. Date of Feb. 27.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George B. Brill, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rossdale

DATE OF BURIAL: 3-3- 1926

20 UNDERTAKER: Jacob Lewis

ADDRESS: 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07946 (1)

129

E 07946

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2007 Ruxton Ave., St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Etta Finkpter

(a) RESIDENCE NO. 2007 Ruxton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Barach M. Finkpter

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 58 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Harry Brantz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): R.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: J. Lewis

(Address): 1439 E. Balto St.

15 Filed ..... 19 .....

MAR 3 - 1926

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 2nd- 26

17

I HEREBY CERTIFY, That I attended deceased from ..... 19 14 ..., to Mar 3rd, 19 26,

that I last saw h.. alive on Feb. 28. , 19 26,

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy Chronic Endocarditis, Arteriosclerosis

(duration) for yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) A. Files, M. D.

Mar 4. 1926 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cressdale — Date of Burial: 3-2-1926

20 UNDERTAKER: Jos. Lewis — ADDRESS: 1439 E. Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07947

CERTIFICATE OF DEATH.

32

E 07947

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 Smallwood St., 15-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer Bustin

(a) RESIDENCE NO. 1518 Smallwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 12 — Months: — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Moris Bustin

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Yetta Buskin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Moris Bustin

(Address) 1518 Smallwood St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MAR 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3rd. 19 26

17 I HEREBY CERTIFY, that I attended deceased from Feb. 16 19 26 to March 3rd 19 26, that I last saw h[im] alive on March 2 19 26, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculos Meningitis

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos 28 ds.

18 Where was disease contracted —

If not at place of death!

Did an operation precede death! No Date of —

Was there an autopsy! No

What test confirmed diagnosis! Clinical Practices

3/3. 19 26 (Signed) Henry Goldberg M.D.

(Address) 2216 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hebrew Rossdale — Date of Burial: 3-3- 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Benton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07948

CERTIFICATE OF DEATH. 155

E 07948

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO. 23-4

CITY OF BALTIMORE: (No. 1213 Light St ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley G Benton

(a) RESIDENCE NO. 639 First St Westport. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Fem.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Oct 4/1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
3	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) \ \

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington (State or country) North Carolina

PARENTS

10 NAME OF FATHER Jos. Benton

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Essie Sawyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Joseph Benton 639 First St Westport

15 Filed MAR 3 - 1926 Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1926, to March 2, 1926, that I last saw her alive on March 2, 1926, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Osteomyelitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 2/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. W Nelson, M. D.

, 19 (Address) South Baltimore Gen Hosp. 1213 Light St.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North Wilmington Carolina

DATE OF BURIAL March 3 1926

20 UNDERTAKER Nelson E Stiles

ADDRESS 231 Md Ave Westport.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

Krumir

E 07949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07949

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 S. Paca ST. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christine Krumin

(Residence in Baltimore: No. 536 S Paca St St.: 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
F	W	Single

6-DATE OF BIRTH. Dec. 29. 1922, 1 (Month) (Day) (Year)

7-AGE. 3 yrs. 2 mos. 4 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) No.

9-BIRTHPLACE, (State or Country). Harrisburg Pa.

PARENTS.

10-NAME OF FATHER. Luis Krumir

11-BIRTHPLACE OF FATHER (State or Country). Lithvanian

12-MAIDEN NAME OF MOTHER Yeda Lvonas

13-BIRTHPLACE OF MOTHER (State or Country). Gilberton Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Krumir

(Address) 536 South Paca Street

15- C. HARRISON JONES, M. D.

Filed....., 191.... K K. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 3, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-25 1926, to 3-3 1926, that I saw h-er alive on 3-2 1926, and that death occurred, on the date stated above, at 12 05 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 7 da.

(Signed) Joseph Steadman M. D.

3-3-, 1926 (Address) 432 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs mos da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 536 S Paca St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, March. 4. 1926.

20-UNDERTAKER John Grebliauckas ADDRESS 425 S. Paca St.

CAUSE OF DEATH to be plainly written in ink, and no abbreviations or private characters used. Each statement of OCCUPATION must be important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07950

CERTIFICATE OF DEATH.

47

E 07950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1629 E. North Ave (St.) 15-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Guard

(a) RESIDENCE NO. 1629 E. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Guard

6 DATE OF BIRTH (month, day, and year): Oct 28 1881

7 AGE: Years 45 | Months 4 | Days 1 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: William Imme.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John H. Guard

(Address): 1629 E. North ave

15 Filed MAR 3 - 1926 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1925, to Mar. 1, 1926.

that I last saw her alive on Feb 28, 1926.

and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast with Metastases to Uterus

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metz M. D.

3/2 1926 (Address) 1903 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Mar 4 1926

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 N. North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07951

CERTIFICATE OF DEATH.

66 E 07951

1-PLACE OF DEATH Decimus and at Hospital

REGISTERED NO.

City of BALTIMORE: (No. 1134 Long St.) St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolphus St. Rose

(a) RESIDENCE NO 321 E 21½ St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 14

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) West Indies

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant John Whitaker

(Address) 2533 McCulloh

15 Filed ..., 19... Registrar

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. Edw. Callen M. D.

(Coroner)

3/2/26 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County Date of Burial 2-4 1926

20 UNDERTAKER George T. Gibson ADDRESS 1735 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 3 - 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07952

E 07952

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 76-690

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3606 Fernwood Ave ST., (WARD)

2-FULL NAME Kunnigunda Lammers.

(a) RESIDENCE NO. 3606 Fernwood Ave ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph D. Lammers.

6 DATE OF BIRTH (month, day, and year): June 18 1864

7 AGE — Years: 61 — Months: 8 — Days: 11 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Moenius

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdalena ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Joseph D. Lammers. (Address) 3606 Fernwood Ave.

15 Filed ..., 19... Registrar

MAR 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/1/26 19

17 I HEREBY CERTIFY, That I attended deceased from 2/20, 19..., to 3/1, 1926, that I last saw h.. alive on 2/27, 1926, and that death occurred, on the date stated above, at 7 A. M. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis and Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) J. H. Carnell M. D.

3/1, 1926 (Address) 633-5-34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Glen. | DATE OF BURIAL 19

20 UNDERTAKER: Lilly & Sons | ADDRESS 402 S. Howard St

CAUSE OF DEATH to plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Paul E Chalk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07953 CERTIFICATE OF DEATH. 161-02 E 07953

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Bernard St. ST. 17-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Chalk, Paul Eugene

(a) RESIDENCE No. 2607 Bernard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 1, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 2607 Bernard St. (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Chalk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Viola Cooper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant C. R. Wilcox (Address) 1702 Westwood ave.

15 Filed MAR 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per: RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1926

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 2, 1926, that I last saw him alive on March 1, 1926, and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Intra-cranial hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Susanne R Barnes, M. D.

3-2 1926 (Address) 1702 Westwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07954
1-PLACE OF DEATH

90 E 07954
REGISTERED NO.

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS St. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Miller

(a) RESIDENCE NO. 744 S Montford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
74 Yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed MAR 3 1926 19 C. HAMPSON JONES, M. D. Registrar
By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to March 1, 1926, that I last saw her alive on Feb. 28, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller. M. D.

3/2 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Dear Road — DATE OF BURIAL 3/3 1926

20 UNDERTAKER Wm. J. Sulky & Sons — ADDRESS 3184 Eagle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07955

CERTIFICATE OF DEATH.

90 E 07955

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 10-2 Ward)

2-FULL NAME Mary Bessie Santoes

(a) RESIDENCE NO. 874 McKim St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Santoes

6 DATE OF BIRTH (month, day, and year) June 1/1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	42	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md 3/2/26

(State or country)

PARENTS

10 NAME OF FATHER Silas Sutton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Myrtle Watkins (daughter)

(Address) 817 McKim St

15 Filed 1926 Per C. HAMPSON JONES, M. D. Registrar RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 26/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. dy.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. W. Calvert, M. D.

(Coroner)

(Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery Date of Burial Mar 5 1926

20 UNDERTAKER Mrs. R. C. Elliott ADDRESS 1725 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

Spec.—1-10-21—M&T—1500 Bks.

E 07956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 07956

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N. Bradford ST., 8-4 WARD)

2-FULL NAME Rosa Schroeter

(a) RESIDENCE NO. 1110 N. Bradford ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Max Schroeter

6 DATE OF BIRTH (month, day, and year): Jan 23/55

7 AGE: Years 71 Months 1 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ger

PARENTS

10 NAME OF FATHER: John Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Max Schroeter

(Address): 1110 N. Bradford St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

3 - 1926 Per R R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/1/26 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27 19 26 to March 1, 19 26.

that I last saw h[illegible] alive on March 1 19 26

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

① Diabetes Mellitus

② Gangrene (Left foot, leg)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/1, 1926 (Address) 1007 E. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity

DATE OF BURIAL: 3/4 1926

20 UNDERTAKER: Philip Herzog

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07957

CERTIFICATE OF DEATH.

44 E 07957

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N Patterson Park Ave WARD) 3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie A Mary.

(a) RESIDENCE NO. 1727 N Patterson Park Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick P. Mary.

6 DATE OF BIRTH (month, day, and year): Apr 9-1808

7 AGE — Years: 67 — Months: 10 11 — Days: 23 24 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Mary (Address) 1727 N Patterson Park Ave

15 Filed 3-1926 G. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to Mar 2, 1926, that I last saw her alive on March 2, 1926, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Sage M. D.

3/3, 1926 (Address) 704 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Mar 5 1926

20 UNDERTAKER: John Ellis & Co

ADDRESS: 25 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 07958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) (WARD)

REGISTERED NO. 118202

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Mc Knight

(a) RESIDENCE NO. St. Agnes Hospital ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1891

7 AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religous

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Detroit Mich.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Daniel Mc Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Margaret Mc Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Sister Mary Clare

(Address) St Agnes Hospital City

15 [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

Per R P S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-8 1926, to 3-2 1926

that I last saw her alive on 3-2 1926,

and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Post operation).

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? St agnes.

Did an operation precede death? Yes Date of {2-27-26 / 3-2-26

Was there an autopsy? No

What test confirmed diagnosis? Clin findings

(Signed) Gerald Stowell M. D.

(Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL March 1926

20 UNDERTAKER Grantin Fahey & Son

ADDRESS 1524 North ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks. Sarah Ann Reed ✓

E 07959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07959

CERTIFICATE OF DEATH.

18-3 129

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1007 Hollins Street ST., ... WARD)

2-FULL NAME Sarah Ann Reed

(a) RESIDENCE NO. 1007 Hollins Street ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER John Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Nancy A. Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland.

14 Informant Stella M. Reed

(Address) 1007 Hollins Street

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1926, to Mar. 3, 1926, that I last saw h alive on Mar. 3, 1926, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis;

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cont. Hemiplegia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical picture.

(Signed) Chas Norton, M. D.

, 19 (Address) 888 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 5 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

23

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07960

CERTIFICATE OF DEATH.

3 | E 07960

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Castle St. 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna A. Sammeth

(a) RESIDENCE NO. 522 N. Castle St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A Sammeth

6 DATE OF BIRTH (month, day, and year) Jan. 21 - 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Dressler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Emma Burdinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) John A Sammeth 522 N. Castle St.

15 Filed 3-8 1926 C. HAMPSON JONES, M. D. Registrar Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926 to March 7 1926

that I last saw her alive on March 7 1926

and that death occurred on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. Reginald Smith M. D.

3-8 1926 (Address) 600 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer Cem. DATE OF BURIAL March 5 1926

20 UNDERTAKER Lilly and Fuhrman ADDRESS 803 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

23 - 1926

E 07961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 07961

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 793 George ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Woods

(Residence in Baltimore: No. 793 George St.: yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1886 (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Porter 07
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Texas

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Belle Moore

(Address) 793 George St

15-

Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

March 2, 1926 (Address) 802 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pittsburgh Pa. DATE OF BURIAL, 3/3 1926

20-UNDERTAKER James T. Hennessy ADDRESS 578 N. Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R3

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07962

CERTIFICATE OF DEATH.

E 07962

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 W. West St. 23-1 WARD)

2-FULL NAME Florence Carter

(a) RESIDENCE NO. 127 W. West ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Carter

6 DATE OF BIRTH (month, day, and year) —— 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress.

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer Day Worker.

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Allen Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Samuel Carter

(Address) 127 W. West

15 3 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/1, 1925, to 3/2, 1926, that I last saw h[illegible] alive on 3/2, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia + Influenza

(duration) — yrs. — mos. 2/ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Chr Nephritis

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine +

(Signed) [illegible] M. D.

3/2 1926 (Address) 127 W West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/4 1926

20 UNDERTAKER Samuel K Handy

ADDRESS 1128 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07963 E 07963

CERTIFICATE OF DEATH.

REGISTERED NO. 5129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2433 Mc Culloch St., (Ward)

2-FULL NAME Joseph Oh. Wallace

(a) RESIDENCE NO. 2433 Mc Culloch St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary H.

6 DATE OF BIRTH (month, day, and year) 11-15-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mutual Life

9 BIRTHPLACE (city or town) (State or country) Louisiana

PARENTS

10 NAME OF FATHER Robert Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Margaret Cotter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary H. Wallace

(Address) 2433 Mc Culloch

15 Filed MAR 3 - 1926, 19 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to March 1, 1926,

that I last saw him alive on March 1, 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. mos 2 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. B. Howell, M. D.

Mar. 1926 (Address) 712 S. Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 3-4 1926

20 UNDERTAKER Wm Cooke

ADDRESS 502 E. Mad

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 07964 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07964

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals. REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Bange

RESIDENCE NO. Middleborough, Stemmers Run, Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Bange

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Martindale,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER May C. Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 3 - 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-26 19

17 I HEREBY CERTIFY, That I attended deceased from 2-10-26, 19, to 3-1-26, 19, that I last saw h alive on 3-1-26, 19, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Henry Goodwin, M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Mar 4 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Madison

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 07965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 S Streeper ST., 1 WARD)

2-FULL NAME Jozefa Alendrowicz

(a) RESIDENCE NO. 1013 S Streeper St ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? 18 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1853 - Mar 19

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	73	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Febx Alendrowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Emma Jesza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Apolonia Siechowska

(Address) 1063 S. Streeper St

15 Filed MAR 4 1926 19

C. HARRISON JONES, M. D. Registrar

R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15 1926, to March 2 1926.

that I last saw her alive on March 2 1926

and that death occurred, on the date stated above, at 5-45 p m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & C.

(Signed) John V. Syrdzien M. D.

19 (Address) 735 N. Luzerne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: Mar 6 1926

20 UNDERTAKER: Stephen J Fialkowski

ADDRESS: 1010 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07966

CERTIFICATE OF DEATH.

129 E 07966

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 S Kenwood Ave ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna Poter

(a) RESIDENCE NO. 1103 S Kenwood Ave ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1843 - 4 - 15

7 AGE — Years: 82 — Months: 11 — Days: 13 — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Michal Poter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Kanastyna Wisek

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Michal Poter
(Address) 1103 S Kenwood Ave

15 Filed MAR 4 1926 19 ... Registrar R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to March 2, 1926, that I last saw h-r alive on March 2, 1926, and that death occurred, on the date stated above, at 5-30 p m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis Jamrozski, M. D.

3/3, 1926 (Address) 243 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: Mar 5 1926

20 UNDERTAKER: Stephen F Fialkowski — ADDRESS: 1000 S Kenwood Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 07967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1739 S. Charles St. (WARD) 23-2

2-FULL NAME Wm. R. Davis

(a) RESIDENCE. NO. 1739 S. Charles St. WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mch. 24-1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER J. L. Davis

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ada. Winter

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant J. L. Davis
(Address) 1739 S. Charles

15 Filed ....., 19.... Registrar
R 4 - 1926 C. HAMPSON JONES, M. D.
Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 3, 1926, that I last saw h... alive on Mar 3, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis Epid.
(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell, M. D.

Mar 3, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/4 1926

20 UNDERTAKER J. Frew McCall — ADDRESS 130 E Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07968

CERTIFICATE OF DEATH.

101-001 E 07968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther D. Venables. (Mrs.)

(a) RESIDENCE NO. 3715 Old York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Robert Venables

6 DATE OF BIRTH (month, day, and year): Jan. 20th 1877

7 AGE: Years 49 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: William Daugherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Rider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Deceased's Husband Robert Venables (Address) 3715 Old York Road

15 Filed MAR 4 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26th, 1926, to March 3rd, 1926, that I last saw h Or alive on March 3rd, 1926, and that death occurred, on the date stated above, at 2.35 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At pts home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George G. Finney, M. D.

March 3rd 1926 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: March 5 1926

20 UNDERTAKER: Henry H. Jenkins & Sons Co. — ADDRESS: Orchard & Gay Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07969

CERTIFICATE OF DEATH.

31 E 07969

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 545 W Lafayette Av ST. 17-L WARD)

2-FULL NAME Eugene Wells

(a) RESIDENCE NO. 545 W. Lafayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2. 1925

7 AGE — Years: — Months: 7 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Corine Dyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Corine Wells

(Address) 545 W Lafayette Av.

15 Filed APR 4 1926 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Mar 2, 1926,

that I last saw him alive on Feb 28, 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Rachitis

(Rickets)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Tiers, M. D.

3/3, 1926 (Address) 908 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Gdns — DATE OF BURIAL: Mch 4 1926

20 UNDERTAKER: Sam'l H. Chase & Son — ADDRESS: 1450 Madison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07970

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 07970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Sharp ST. 77-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Singleton

(a) RESIDENCE NO. 903 Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 1854

7 AGE 42 Years 2 Months 1 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1926, to Mar 2nd, 1926, that I last saw h alive on Mar 2nd, 1926, and that death occurred, on the date stated above, at 2 A, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Hampson Jones M. D.

3/3, 1926 (Address) 1 36 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Sarah Singleton

(Address) 903 S. Sharp St

Filed MAR 4 - 1926 W. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: March 4 1926

20 UNDERTAKER: R L. Parham

ADDRESS: 906 Lendenhall st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07971

CERTIFICATE OF DEATH.

E 07971

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 8-V WARD)

2-FULL NAME Ella Marie Albers

(a) RESIDENCE NO. 1703 N Bradford St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 2, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	1	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Albers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Florence Collison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Henry Albers
(Address) 1703 N Bradford St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

MAR 4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Mar 3, 1926, that I last saw h or alive on Mar 3, 1926, and that death occurred, on the date stated above, at 12.05 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos. 31 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 22 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Mar 4th 1926

20 UNDERTAKER Leo G. Cook — ADDRESS 1731 Pratt Pk Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07972

CERTIFICATE OF DEATH.

90 E 07972

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 Fleet ST. 1-2 WARD)

2-FULL NAME MARY TYMA,

(a) RESIDENCE No. 2543 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs mos. ds. How long in U. S., If of foreign birth? 43 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widow,

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Matthew Tyma,

6 DATE OF BIRTH (month, day, and year) Unknown,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland,

PARENTS

10 NAME OF FATHER Andrew Szbbozowski,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland,

14 Informant John Miskiewicz,
(Address) 2543 Fleet Street

15 Filed MAR 4 1926 19 Registrar C. HARRISON JONES, M. D.
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926

17 I HEREBY CERTIFY, That I attended deceased from December 4, 1924, to March 3, 1926,
that I last saw her alive on Febry 22, 1926,
and that death occurred, on the date stated above, at 10.15 A. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease Heart

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isabel V. Athey, M. D.
March 4 1926 (Address) 1008 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ST. STANISLAUS CEM., DATE OF BURIAL Mar. 6- 1926.

20 UNDERTAKER M. F. Sadowski, ADDRESS 705 S. Ann St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07973

CERTIFICATE OF DEATH.

90 E 07973

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 W. Franklin St. 18-1 WARD)

2-FULL NAME Helen I. Watkins

(a) RESIDENCE No. 938 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ (HUSBAND) of (or) WIFE of: Thomas E. Watkins

6 DATE OF BIRTH (month, day, and year): August 20 1855

7 AGE: Years 70 Months 6 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Nickolas Meeman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Rose Anna Hartew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Mary W Emmis

(Address): 176 Park Ave

15 Filed MAR 4 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAR 3 1926, 19

17 I HEREBY CERTIFY, That I attended deceased from for about 1 year 19 to date 3/3, 1926.

that I last saw her alive on Jany 27, 1926.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Hypertension (Cardio vascular) Cardiac hypertrophy & dilatation

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Orlando Thomas, M. D.

, 19 (Address) 330 N Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: MAR 6 1926, 19

20 UNDERTAKER: Geo W Little

ADDRESS: 2708 EDMONDSON AVE.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-40-21—M&T—1500 Bks.

Elizabeth Keitch

E 07974 HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

E 07974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1122 Monroe St. 213 (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Keitch

(a) RESIDENCE NO. 1122 Monroe ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Solomon Keith

6 DATE OF BIRTH (month, day, and year): May 13 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57 58	57	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home - 037

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Peter Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Md

14 Informant: Cecelia Keith

(Address) 1122 W. Monroe St

15 Filed MAR 4 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926 to March 1 1926

that I last saw h[illegible] alive on March 1 1926.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

5 Years

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. H. Hooker M. D.

3/3 1926 (Address) 1125 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Mar 4 1926

20 UNDERTAKER: Dan'l Sc Hooper — ADDRESS: 406 W. Conway St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.–1-10-21–M&T–1500 Blks.

E 07975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 07975

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 S. Ellwood ave. ST., 1-4 WARD)

2-FULL NAME Clifton C. Kimmo

(a) RESIDENCE NO. 128 S Ellwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of wife Margaret E. Kimmo

6 DATE OF BIRTH (month, day, and year) April 13 1872

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Agent

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Christian C. Kimmo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Margaret E. Kimmo (Address) 128 S Ellwood ave

15 [illegible] C. HAMPSON JONES, M. D. Registrar

4 Mch 1926 Per LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1926.

17 I HEREBY CERTIFY, That I attended deceased from February, 1926, to Feb. 28, 1926.

that I last saw him alive on Feb 28, 1926.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Influenza + mitral stenosis.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Elbert Klingenstein M. D.

3/1/1926 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Mar 4 1926

20 UNDERTAKER John A Mercer ADDRESS 3000 E. 13

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R4

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07976

11-007

E 07976

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 Broadway St., 7-1 Ward)

2-FULL NAME John Kusser

(a) RESIDENCE NO. 819 Broadway St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced RUSBAND of (or) WIFE of Lissette Kusser

6 DATE OF BIRTH (month, day, and year) Dec 27/1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Packer

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Matthais Kusser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Lissette Kusser

(Address) 819 Broadway

Filed MAR 4 1926, 19__ Registrar R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably subdiaphragmatic abcess due probably to ruptured gastric or duodenal ulcer

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner)

3/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Mch 5 1926

20 UNDERTAKER Wm G. Black ADDRESS 922 N Broadway

Instructions.—This certificate should be filled in with the UTMOST CARE.—IT IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 07977 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 07977

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 262 Maryland Ave (ST.) 12-3 (WARD)

2-FULL NAME Margaret Fresch

(a) RESIDENCE No. 262 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Fresch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George C. Fresch

(Address) 2638 N. Calvert

15 Filed MAR 4 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1926.

17 I HEREBY CERTIFY, That I attended deceased (from Feb. 4 1926 to Mar 3 1926, that I last saw h[er] alive on Mar 2 1926 and that death occurred, on the date stated above, at 10.05 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Typical symptoms

What test confirmed diagnosis? Blood pressure &c

(Signed) Bernard Cornell Mudd M. D.

3/7 1926 (Address) 103 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 6 1926

20 UNDERTAKER: George J. Smith — ADDRESS: 53[illegible] Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07978 Guilford - Preston

CERTIFICATE OF DEATH.

90 E 07978

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: No. Preston Apartments St. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Talbott Stewart

(a) RESIDENCE. No. Preston Apartments 4th ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Richard E. Stewart

6 DATE OF BIRTH (month, day, and year) March 4, 1852

7 AGE 74 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg (State or country) West Virginia

PARENTS

10 NAME OF FATHER Dr. Dennis Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Harry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. C. Stewart (Address) 1103 Edmondson Ave.

15 Filed 19 Registrar

C. HARRISON JONES, M. D.

MAR 4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1925 to Mar. 3rd 1926, that I last saw her alive on March 3rd 1926, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Decomposition

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1103 Edmondson Ave.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. Howard Talbott M. D.

3/3/1926 (Address) 211 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Mch. 6 1926

20 UNDERTAKER Chas. E. Branch — ADDRESS 802 Madison Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07979

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4416 Underwood Road, St. 11 or WARD) 11-8

2-FULL NAME Margaret A. Hutton

(a) RESIDENCE NO. 4416 Underwood Road, ST. Guilford WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hutton

6 DATE OF BIRTH (month, day, and year) Aug. 27, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Auburn
(State or country) Illinois

PARENTS

10 NAME OF FATHER Thomas Harris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary -------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Ursula H. Hughes
(Address) 4416 Underwood Road

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1926, to March 4, 1926.

that I last saw her alive on March 3, 1926

and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) acute dilitation & Hemat and Oedema of lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typhoid

(Signed) Wm. Robert Garrison M. D.

March 4, 1926 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Ridge Cem. Springfield Ohio	3/4 1926
20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	845 N. Calvert

Via Penn. Railroad - Escort - E. Swan Hughes

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Dr H S Smith 111 W Lee St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07980

CERTIFICATE OF DEATH.

57 E 07980

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1936 Compton (St.) 24-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A Graef

(a) RESIDENCE NO. 1936 Compton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Beatrice E Graef

6 DATE OF BIRTH (month, day, and year): Dec 16 1893

7 AGE — Years: 30 Months: 2 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto. 631

(b) General nature of industry, business, or establishment in which employed (or employer): Mechanic

(c) Name of employer: Own Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Conrad Graef

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Maggie C Dunn

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant (Address): Beatrice E Graef 1936 Compton St

15 Filed 1926 C. HAMPSON JONES, M.D. Registrar

Per RHA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 17 1926 to Mar 3 1926.

that I last saw alive on March 3 1926,

and that death occurred, on the date stated above, at 1 [illegible] 4 a m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Diabetes mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. S. Smith, M. D.

Mar 4 1926. (Address) 111 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: March 6 1926

20 UNDERTAKER: William Cahill — ADDRESS: 532 E Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

4

Spec.—1-12-23—M&T—500 Bks.

E 07981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07981

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St. 25-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Kaloč Kaloc

(a) RESIDENCE NO. 8 Beach St. ST. 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kaloč

6 DATE OF BIRTH (month, day, and year) November 2, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tool maker 031

(b) General nature of Industry, business, or establishment in which employed (or employer) General Electric

(c) Name of employer Mr. Drumel

9 BIRTHPLACE (city or town) Repiště (State or country) Czechoslovakia

PARENTS

10 NAME OF FATHER Jan Kaloč

11 BIRTHPLACE OF FATHER (city or town) Repiště (State or country) Czechoslovakia

12 MAIDEN NAME OF MOTHER Marie ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Czechoslovakia

14 Informant Anna Kaloc (Address) 8 Beach St

15 Filed G. HAMPSON JONES, M. D., Registrar For CRT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to March 4, 1926, that I last saw him alive on March 4, 1926, and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Bulla, M. D.

3/4, 1926 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Mar 6, 1926

20 UNDERTAKER Frank Goodson — ADDRESS 1800 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R4 - 1926

Spec.—1-12-23—M&T—500 Bks.

E 07982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07982

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 11-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hilliard

(a) RESIDENCE NO. Tobacco Road ST., Sparrows Point, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jessie Hilliard

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Beth. Steel Co.

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Thomas Hilliard

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Bettie Bullock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant William Hilliard

(Address) Buffalo Junction Va. Route 2

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

R4 - 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/1926

17 I HEREBY CERTIFY, That I attended deceased from 2/24/26, 1926, to 3/7, 1926, that I last saw h. alive on 3/3, 1926, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Sp. Pt. Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) John W. Haines, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buffalo Junction Va via Penn R.R.

DATE OF BURIAL Mar 4 1926

20 UNDERTAKER John F. Denny

ADDRESS. 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07983

CERTIFICATE OF DEATH.

3 E 07983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Ething ST.; 17-1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charity A. Ireland

(Residence in Baltimore: No. 1122 Ething St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, Oct 10 1873, (Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Harry H. Ireland

(Address) 1122 Ething Street

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 2, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1926, to Mar 2, 1926, that I saw h[illegible] alive on Mar 2, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs., 3 mos. ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) yrs. 1 mos. 21 ds.

(Signed) E. Mantleith M. D.

Mar 3, 1926 (Address) 3421 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Mar 5, 1926

20-UNDERTAKER Jno Geo. H. Holland ADDRESS 1631 Druid Hill Ave.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R4

Spec.—1-10-21—M&T—1500 Bks.

E 07984

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 07984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hosp ST. 10-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifton Shee

(a) RESIDENCE No. 1426 Anthony ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 6 1906

7 AGE: Years 19 20 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm Shee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nannie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Clifton Shee
(Address) 1426 Anthony St.

15 Filed 4-1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/3/26, 19 , to 3/3, 19 26.

that I last saw him alive on 3/3, 19 26.

and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Resp. failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno A Thompson M. D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockbridge Va — DATE OF BURIAL May 4 1926

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Madison Av

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Send to Mortuary Thursday at 9 o'clock

Dr Robt Mitchell 2112 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07985

CERTIFICATE OF DEATH.

45 E 07985

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1222 N. 24th St. (Ward) 17-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Hamble

(a) RESIDENCE NO. 1222 N. 24th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 10/1856

7 AGE: Years 69 Months 2 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Lycurtus Hamble

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Miss Fannie Hamble (Address) 1222 N 24th St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 1926, to March 3rd 1926, that I last saw h[illegible] alive on March 1st 1926, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 1 yr. 1 mos. ds.

CONTRIBUTORY (Secondary): Dementia and Senile Anemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert E. Mitchell M. D.

March 1926 (Address) 2112 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Mar 6 1926 — DATE OF BURIAL

20 UNDERTAKER: W. M. Cook — ADDRESS: 502 E North Ave

4 - 1926

N. B.—Every physician in attendance on this patient is required to report to the Health Department, within 24 hours after death, the information called for by this certificate. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be very careful in filling out the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Send to morrow morning at 9 o'clock Shop Dr. Buck Fells Point

E 07986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07986

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 514 East 20th St., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice A. Phillips

(a) RESIDENCE NO. 514 East 20th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Phillips

6 DATE OF BIRTH (month, day, and year) Aug. 7-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co

PARENTS

10 NAME OF FATHER Patrick Corcoran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Montague

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John T. Tillman (Address) 614 E 20½ St

15 Filed 3/4 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1926, to June 3rd 1926 that I last saw h- alive on June 2 1926 and that death occurred, on the date stated above, at 9 yr a m.

The CAUSE OF DEATH* was as follows:

Ch. Valv. Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Jeffries Burke M. D.

(Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL 9/6 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Nor St

R4 - 1926

I. Be sure every item is answered, with ink or typewriter. Use no abbreviations. Every statement should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rls.

Dr E M Duncan 5106 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

E 07987

CERTIFICATE OF DEATH.

10 E 07987

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Eyesham Ave (Street) Govans (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maulsby H C Laughlen

(a) RESIDENCE NO. 604 Eyesham Ave STREET. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Jane D C Laughlen

6 DATE OF BIRTH (month, day, and year): Jan 20 1875

7 AGE: Years 51 Months 1 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Traveling

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer: Nat Enamel Stamp Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Samuel H C Laughlen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Agnes Maulsby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Jane D C Laughlen 604 Eyesham Ave Govans

15 Filed Mar 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 17, 1924, to March 3, 1924, that I last saw h alive on March 3, 1924, and that death occurred, on the date stated above, at 4 12 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

March 4, 1926 (Address) 5104 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem DATE OF BURIAL: March 6 1926

20 UNDERTAKER: Williamson ADDRESS: 502 E Balto

R4 1926

P.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 07988

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-901 E 07988

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 357 Guilford Ave St. 701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin H. E. Pantzer

(a) RESIDENCE NO. 357 Guilford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carolina Blanck

6 DATE OF BIRTH (month, day, and year): Aug 17- 1858

7 AGE — Years: 67 | Months: 6 | Days: 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Buyer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Denmark

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs Martin Pantzer

(Address): 357 Guilford Ave

15 Filed ..... (1)., 19 ..... Registrar

R4 1926 C. HAMPSON JONES, M.D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to March 7, 1926, that I last saw h[e] alive on March 4, 1926, and that death occurred, on the date stated above, at 1.35A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical symptoms

(Signed) Charles E. Clarke, M. D.

19 26 (Address) 3214 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Mar 6 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07989

CERTIFICATE OF DEATH.

10 E 07989

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-3 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte East

(a) RESIDENCE No. 3018 Frisby St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	3	17	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Geo. B. East

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Geo. B. East
(Address) 3018 Frisby St

15 C. HAMPSON JONES, M. D.
Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926, to March 4, 1926, that I last saw h[illegible] alive on March 4, 1926, and that death occurred, on the date stated above, at 9 15 a. m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Positive Culture

(Signed) Myron G. Tuck, M. D.

3/4, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. M. Clark — DATE OF BURIAL Mar 5 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E. Fort Ave

R 4 - 1926

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07990

CERTIFICATE OF DEATH.

159-002

E 07990

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4141 Falls Road ST. 13-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Infant of Roy M & Margie D Davis

(a) RESIDENCE NO. 4144 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 4 1926

7 AGE: Years — Months — Days — If LESS than 1 day 3 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Roy M Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margie D. Hamer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co

14 Informant: Roy M Davis

(Address) 4141 Falls Road

15 Filed MAR 5 1926 19 Per R.K. Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to March 4, 1926, that I last saw him alive on March 4, 1926, and that death occurred, on the date stated above, at 7- A.m.

The CAUSE OF DEATH* was as follows:

Foramen Ovale not Closed

Premature

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Fair M. D.

19 (Address) 2704 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hawkdell DATE OF BURIAL: Mar 5 1926

20 UNDERTAKER: D S Marshall ADDRESS: 3539 Falls Road

CAUTION—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07991

CERTIFICATE OF DEATH.

11-001 E 07991

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Stockton ST. 16-6 WARD)

2-FULL NAME Rebecca Cousins

(a) RESIDENCE NO. 1108 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	married

5a If married, widowed, or divorced (or) WIFE of Richard Cousins

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (Own)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER William Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Ray Jr. 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Richard Cousins (Address) 1108 Stockton St

15 Filed MAR 5 1926, 19... C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Feby 13, 1926, to Mar 2nd, 1926, that I last saw h[illegible] alive on March 1st, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lagrippe

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jane Brown, M. D.

(Address) 1837 Fa as

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Mar 5 1926

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1443 N. Carey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07992

CERTIFICATE OF DEATH.

E 07992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hospital ST. WARD)

2-FULL NAME Talbot D. Jones

(a) RESIDENCE No. Linton Balto md. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Jones

6 DATE OF BIRTH (month, day, and year): Nov. 1877

7 AGE: Years 48 Months 3 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Talbot D. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Rutland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Louisiana

14 Informant (Address): Husband - Neighbor - Friends

15 Filed MAR 5 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 3 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/25, 1926, to 3 3, 1926, that I last saw ~~him~~ alive on Mar 3, 1926, and that death occurred, on the date stated above, at 1:10 P.M.

The CAUSE OF DEATH* was as follows:

Primary Peritonitis (Cause)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 26'26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin M Johnston, M. D.

, 19 (Address) Univ Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Mch 5 1926

20 UNDERTAKER: John O. Marshall ADDRESS: 1201 W Fayette

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07993

CERTIFICATE OF DEATH.

E 07993

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Lin. Hgts. (St.) 24-1 (Ward)

2-FULL NAME Joseph B. Linthicum Jr.

(a) RESIDENCE NO. Linthicum Heights (St.) ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7½ yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1918

7 AGE — Years: 7 Months: 8 Days: 6 If LESS than 1 day hrs. ... or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Linthicum Heights Baltimore

PARENTS

10 NAME OF FATHER Jos. B. Linthicum Jr.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Virginia Kahler

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Jos. B. Linthicum (Address) Linthicum Heights

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/1926.

17 I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...
that I last saw him alive on 3/3/ ..., 1926.
and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia, Otitis media

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? Linthicum Heights

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. W. Nelson, M. D.

, 19 (Address) 1001 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Mch 6 DATE OF BURIAL 1926

UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Lafayette

C. HAMPSON JONES, M.D.

MAR 3 1926

For J.K.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07994
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

21-3 31

E 07994
Registered No.

City of BALTIMORE: (No. 1128 W Hamburg St St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Strippy

(a) Residence No. 1128 W Hamburg St St., 21 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

~~Single~~, Married, ~~Widowed, or Divorced~~ (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E Strippy

6-DATE OF BIRTH (month, day and year): Dec 3 1869

7-AGE: 56 yrs. 2 mos. 30 ds. 29

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Furniture mover
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Jackson Ohio

PARENTS:
10-NAME OF FATHER: Adam Strippy
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Harpers Ferry Va
12-MAIDEN NAME OF MOTHER: Malinda E Stahl
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Pa

14-
(Informant): Annie [illegible]
(Address): [illegible] burg St

15-
Filed [illegible] 192
C. HAMPSON JONES, M. D.
Registrar.

MAR 5 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 2 1926

17- I HEREBY CERTIFY, That I attended deceased from May 10 1925 to March 2 1926

that I last saw him alive on March 2 1926

and that death occurred, on the date stated above, at 4.10 Pm.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usal

(Signed) [signature] M. D.

3.3.26 19 (Address) 517 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 6. 1926

20-UNDERTAKER: Mr & Mrs. J. W. Teufel & Son — ADDRESS: 801 W Fayette

BE SURE TO FILL OUT ALL BLANKS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 07995

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 725 N. Appleton ST. 16-5 WARD)

2-FULL NAME Susie Belle Watkins

(a) RESIDENCE NO. 725 N. Appleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R. Walter Watkins. Sr

6 DATE OF BIRTH (month, day, and year) Sept. 14-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Emanuel McKenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant R. Walter Watkins, Sr (Address) 725 N. Appleton St.

15 Filed MAR 5 - 1926, 19 Per Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1925, to Mch 3, 1926, that I last saw h alive on Mch 2, 1926, and that death occurred, on the date stated above, at 5 15 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Bowman Stone, M. D.

3/4, 1926 (Address) 626 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 5 1926

20 UNDERTAKER Wm J. Tuckner & Sons — ADDRESS N. & Pa. Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07996

CERTIFICATE OF DEATH.

90 E 07996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3400 Alto ave ST. 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John George William Klein

(a) RESIDENCE NO. 3400 alto ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Gertrude Klein

6 DATE OF BIRTH (month, day, and year) Nov 7 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garage

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER George Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City Md

12 MAIDEN NAME OF MOTHER Sophia Reichneldt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City Md

14 Informant George Klein

(Address) 2328 Lanvale ave

15 Filed MAR 5 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1926, to Mar 2, 1926, that I last saw him alive on Mar 2, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial Defect

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. Hampson Jones, M. D.

(Address) 1 Edmondale ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/5/26

20 UNDERTAKER Geo. Weber & Son 2503 — ADDRESS Edmondale ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 07997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 07997

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 503 W Lanvale St. 17-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie M Mathews

(Residence in Baltimore: No. 503 W Lanvale St. 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. (Month) 20 (Day), 1879 (Year)

7-AGE: 47 yrs. 0 mos. 11 ds. (13) If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: William N. Smith

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Olivia A. Harvey

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie R. Thomas (Sister)

(Address) 503 W. Lanvale St.

15.

Filed ..... 191 ..... REGISTRAR

MAR 5 - 1926

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 5 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926 to Feb 3 1926 that I saw her alive on Feb 3, 1926, and that death occurred on the date stated above at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 4 yrs. mos. ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) L L Hamburger M. D.

3-6, 1926 (Address) L L Hamburger

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Mar. 6, 1926

20-UNDERTAKER: Jno. M. Johnson

ADDRESS: 1234 Etting St.

Spec.—1-10-21 M&T 1500 Bks.

E 07998

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

74 E 07998

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE? (No.) BALTIMORE CITY HOSPITALS (St.) 7-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Herman

(a) RESIDENCE NO. 208 S Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Herman

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
64 yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Lawrence Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed MAR 5 - 1926 HARRISON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4th 26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 5 1925, to March 4 1926.

that I last saw h alive on March 4 1926.

and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

Hemiplegia - left cerebral hemorrhage (history)

(duration) 1 yrs 1 mos

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Wilkes M. D.

3/4, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL March 6 1926

20 UNDERTAKER Thos E. Miller & Son — ADDRESS 2334 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07999

CERTIFICATE OF DEATH.

E 07999

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1022 N Wolfe St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy Carter

(a) Residence No. 1022 N wolfe St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): 1895

7-AGE: 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Jefferson Carter

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Jane Denby

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto

14-

(Informant): Jane Denby

(Address): 1022 Wolfe St

15-

Filed 1926 C. HAMPSON JONES, Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar 2/26

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1926 to Mar 1 1926

that I last saw h. alive on Feb 27 1926

and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Sudden (duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Epilepsy

Several years Duration yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher M. D.

3-2 1926 (Address) Pulaski Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Mar 5 1926

20-UNDERTAKER: Jno. T. Rochester

ADDRESS: 1403 Jefferson St

R 5

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08000

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08000

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Zang

(a) RESIDENCE NO. 437 S. 7th St. ST. 16 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 5, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER J. W. Zang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Beatrice Barbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant J. W. Zang (Address) 437 S. 7th St

15 Filed MAR 5 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to March 4, 1926, that I last saw him alive on March 4, 1926, and that death occurred, on the date stated above, at 4 50 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

3/5, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL March 5 1926

20 UNDERTAKER Lilly Zeiler ADDRESS 4138 W. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spem.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08001 — 4/E 08001

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., 7-3 WARD)

2-FULL NAME Harry Sadler.

(a) RESIDENCE NO. 701 E. Bradford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 23-1870

7 AGE — Years: ~~55~~ 56 — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Ship

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md.

PARENTS

10 NAME OF FATHER: Michael Sadler.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Sophia Schaffer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. D. Christ.
(Address): 2914 E. Madison St.

15 Filed MAR 5 1926 — T. HAMPSON JONES, M. D. Registrar — P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925, to Mar 4, 1926, that I last saw h/m alive on Mar 4, 1926, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus.
Pulmonary Tb.

1 mos (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronco-pneumonia

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes Clin. Signs & Symp.

What test confirmed diagnosis?

(Signed) Harry Selig M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery. — DATE OF BURIAL: Mar 6 1926

20 UNDERTAKER: Robt. T. Turner Inc. — ADDRESS: 1942 N. Broadway.

FOR BINDING

...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

08002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40E 08002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 W. North Ave ST. 136 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph N. Craddock.

(a) RESIDENCE NO. 604 W. North Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Anna Craddock.

6 DATE OF BIRTH (month, day, and year): Mar. 30-1842

7 AGE: Years 83 Months 11 Days 4 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Employee

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm. Craddock.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: M. Webb.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware.

14 Informant (Address): Mrs. A. Craddock. 604 W. North Ave.

15 Filed MAR 5 - 1926 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jany 27 1926 to March 4 1926, that I last saw him alive on March 2 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary disease of Short Antero Lateral

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Anemia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Penn M. D.

(Address) 6222 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery.

DATE OF BURIAL: Mar. 6 1926

20 UNDERTAKER: Robt. T. Turner, Inc.

ADDRESS: 1442 W. Baltimore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08003

CERTIFICATE OF DEATH.

101 E 08003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 639 W. Lane St.: 27 WARD: 1

2-FULL NAME Howard Miller

(a) RESIDENCE. NO. 639 W. Lane ST. 27 WARD. 1

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Miller

6 DATE OF BIRTH (month, day, and year) May 21 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer N. Schaintz

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portsmouth Va.

12 MAIDEN NAME OF MOTHER Sarah Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Sarah Miller (Address) 639 W. Lane St.

15 Filed MAR 5 1926 C. HAMPSON JONES, M. D., Registrar. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/26 1926, to 3/27 1926, that I last saw him alive on 3/24 1926, and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Ephemeral Bronchitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Landey, M. D.

3/30 1926 (Address) 908 Druid Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/30 1926

20 UNDERTAKER Samuel D. Lewis & Son

ADDRESS 1518 Eden

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 08004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08004

CERTIFICATE OF DEATH. 139

1-PLACE OF DEATH

City of BALTIMORE: (No. 593 Orchard St., 17-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Brown

(a) Residence No. 593 Orchard St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm N. Brown

6-DATE OF BIRTH (month, day and year) 1862

7-AGE. 64

63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Somerset Co. Md

PARENTS.

10-NAME OF FATHER. Wm Nutter

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER. Gertrude Eotman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Wm A Brown

(Address) 593 Orchard St

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar

MAR 5 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/2/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926 to Mar 2, 1926

that I last saw h[illegible] alive on Mar 2, 1926

and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) 0011

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) C. M. Lawrence M. D.

3/5, 1926 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-DISPOSAL OF BURIAL, CREMATION OR REMOVAL. Salisbury, Md

DATE OF BURIAL 3/6 1926

20-UNDERTAKER. Samuel Stansbury

ADDRESS 538 E Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08005

CERTIFICATE OF DEATH.

E 08005

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD) 13-6

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Slatter Reese

(a) RESIDENCE NO. 2226 Eutaw Place ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? 65 yrs. 7 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 5th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	65	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Gilpin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Reuds- U. M. H. (Address) 33 & Calvert Apts

15 Filed MAR 5 1926 C. HAMPSON JONES, M. D. Registrar Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 19th, 1926, to Mar 3rd, 1926, that I last saw her alive on March 3rd, 1926, and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Second hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Charles O'Donovan Jr. M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Cemetery — DATE OF BURIAL May 5 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08006

101-001

E 08006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. Bond Street ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna. Kozieracka

(a) RESIDENCE NO. 808 S., Bond Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May. 8 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

PARENTS

10 NAME OF FATHER Stanislaus .Kozieracki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen. Skladanek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Stanislaus . Kozieracki

(Address) 808 S. Bond Street

15 Filed MAR 5 1926 19 C. HAMPSON JONES, M. D. Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/26

17

I HEREBY CERTIFY, That I attended deceased from 3/3, 19 26, to 3/4, 19 26,

that I last saw h alive on 3/4, 19 ,

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N V Date of

Was there an autopsy? N V

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

3/5, 19 26 (Address) 1622 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL March 5 1926

20 UNDERTAKER John M. Weber ADDRESS 803 Bank St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

Dessy Lewis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08007

CERTIFICATE OF DEATH.

E 08007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Bradley ST., 17-3 WARD)

2-FULL NAME Dessy Lewis

(a) RESIDENCE NO. 732 Bradley ST., WARD Georgia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Lewis

6 DATE OF BIRTH (month, day, and year) Feb 21, 1898

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
28	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dye Worker 040

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Cleaning

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Geo. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Pearl Lamb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Wife of Deceased

(Address)

Filed MAR 6 - 1926 S. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1926, to March 2, 1926, that I last saw him alive on Mar 2, 1926, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R B Lemon, M. D.

3/5, 1926 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 3/5/1926

20 UNDERTAKER Edward Easton ADDRESS 916 E Pratt

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Sullivan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08008

CERTIFICATE OF DEATH.

74-001

E 08008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3131 Dillon Street (St.) 1-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wesley Sullivan

(a) RESIDENCE NO. 3131 Dillon Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Sullivan

6 DATE OF BIRTH (month, day, and year): July 12, 1841

7 AGE — Years: 84 — Months: 8 — Days: 23 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Thomas B. Sullivan

(Address) 604 South Ellwood Avenue

15 Filed MAR 5 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 1st., 1926, to March 4th, 1926, that I last saw h-alive on March 3rd., 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) David W. Jones M. D.

3/4, 1926 (Address) 1011 O. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cemetery

DATE OF BURIAL: Mar. 6 19 26

20 UNDERTAKER: Joseph B. Cook

ADDRESS: [illegible] W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08009

CERTIFICATE OF DEATH.

10 001 E 08009

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Brentwood Ave ST., 10-1 WARD)

2-FULL NAME Gilliane F. Metz

(a) RESIDENCE NO. 1011 Brentwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 28 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Francis Metz

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth L. Ryland

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mr. Henry Fuller
(Address) 1011 Brentwood Ave.

15 Filed MAR 5 - 1926 by C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926 to March 4 1926, that I last saw h[illegible] alive on March 4 1926, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

3-7, 1926 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Methodist Cemetery Reisterstown Md.

DATE OF BURIAL March 7 1926

20 UNDERTAKER Henry Hoeck & Son

ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08010

E 08010

CERTIFICATE OF DEATH.

1-PLACE OF DEATH :

CITY OF BALTIMORE: (No. 1212 E. Biddle ST., 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Rhein

(a) RESIDENCE NO. 1212 E Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND (or) WIFE of the late George Rhein

6 DATE OF BIRTH (month, day, and year) Dec. 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Germany

PARENTS

10 NAME OF FATHER Gabriel Thiroff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

14 Informant M. Gabriel Rhein

(Address) 1212 E. Biddle St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 28, 1926 to March 8, 1926.

that I last saw h[illegible] alive on March 4, 1926.

and that death occurred, on the date stated above, at 10.35 P. m.

The CAUSE OF DEATH* was as follows:

Uremia - Sclerosis and Senile decay

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Examination

(Signed) Wm. L. Wilkins M. D.

Mch. 5, 1926 (Address) 2247 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 8 1926

20 UNDERTAKER: Henry Hoerdt Son — ADDRESS: 1301 E Eager St

MAR 5 1926

Spec.—1-10-21—M&T—1500 Blo.

E 08011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08011

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S Caroline ST. 3-W WARD)

2-FULL NAME Baby Lucas

(a) RESIDENCE NO. 30 S Caroline ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER David Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Burkerton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Wm Lucas
(Address) 30 S. Caroline St

15 Filed .19.. Per Registrar

C. HAMPSON [illegible]

MAR 5 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 4, 1926, that I last saw h[illegible] alive on Mar 4, 1926, and that death occurred, on the date stated above, at 12.[illegible] m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) Bernard Stavis, M. D.

, 19 (Address) 38 S. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orf Jany. Zion — DATE OF BURIAL 3 Mar 1926

20 UNDERTAKER R. L. Penton & Co — ADDRESS Frankford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21 M&T 1500 Blks.

08012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 08012

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 83 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Jackson

(a) RESIDENCE No. 1331 N. Patterson Pk. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 24 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Spencer M. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Apsom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

MAR 5 - 1926

Per LK, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 1926 to Mar. 3rd 1926 that I last saw her alive on Mar. 3rd 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ~~Duodenum~~? Head of Pancreas ~~or Stomach~~

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Mar 1 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Operation and autopsy

(Signed) J. L. Baldwin M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Mar. 6 1926

20 UNDERTAKER: Richard F. Curley — ADDRESS: 1624 N. Wash St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Cor.—12-9-25—A Co.—200 Bks.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08013 — 170 — E 08013

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N Kenwood Ave 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Braun

(a) RESIDENCE NO. 428 N. Kenwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Braun

6 DATE OF BIRTH (month, day, and year) July 23/1865

7 AGE	Years	Months	Days	IF LESS than 1 day ...s. or ...min.
	60	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Braun

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Teresa M. Braun

(Address) 428 N. Kenwood Ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MAR 5 - 1926 Per KK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorhage-Pistol wound thru mouth-Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ill Health

(duration) 2 yrs. ..... mos. ..... ds.

(Signed) J. H. Paul ..... M. D.

(Coroner)

3/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL City Cemetery Date of Burial 3/6 1926

20 UNDERTAKER Richard F. Curley ADDRESS [illegible] West St.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08014

CERTIFICATE OF DEATH.

91 E 08014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Decatur St. 74-3 WARD)

2-FULL NAME John Lommer

(a) RESIDENCE NO. 1406 Decatur ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Marie Lommer

6 DATE OF BIRTH (month, day, and year) Oct. 31. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	77	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria Hungary

PARENTS

10 NAME OF FATHER Joseph Lommer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria - Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria - Hungary

14 Informant Teresa Fraser (Address) 1406 Decatur St

15 Filed MAR 5 - 1926 C. HAMPSON JONES, M. D. Registrar

Per ROB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, to March 3, 1926, that I last saw him alive on March 1, 1926, and that death occurred, on the date stated above, at 5-16 m.

The CAUSE OF DEATH* was as follows:

General Arterio - Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. F. Kiser, M. D.

3-5, 1926 (Address) 5 W Centre St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 3/6/26

20 UNDERTAKER A. R. Eddy & Sons ADDRESS

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B R.S.—400 Bks.

E 08015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08015

CERTIFICATE OF DEATH.

Registered No. 238

1-PLACE OF DEATH

City of BALTIMORE: (No. 1024 Mc Culloh St. 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Girl Strand (Twin No 1)

(a) Residence No. 1024 Mc Culloh St., Ward...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 3, 1926

7-AGE, ...yrs. ...mos. 12 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)...
(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter Strand

11-BIRTHPLACE OF FATHER (city or town)... Baltimore
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Blackburn

13-BIRTHPLACE OF MOTHER (city or town)... Baltimore
(State or Country), Md

14- (Informant)... Mary Strand
(Address)... 1024 Mc Culloh St.

15- Filed ... 192... C. HAMPSON JONES, M. D. Registrar.
Per ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1926 to Mar 3 1926
that I last saw h[illegible] alive on Mar 3 1926
and that death occurred, on the date stated above, at 1 P M
The CAUSE OF DEATH* was as follows:

Prematurity

(Duration)... yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal syphilis

(Duration)... yrs. mos. ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed)... Frederick A. Snyder M. D.

Mar 3, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19...

20-UNDERTAKER. ADDRESS

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB - 1926

Spec.—1-12-23—M&T—500 Bks.

E 08016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08016

CERTIFICATE OF DEATH.

161-09-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 West Mulberry St., WARD) 20-5

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Leidenberg

(a) RESIDENCE NO. 1936 W Mulberry ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. Less than 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Premature Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-3-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... NO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1936 W Mulberry.

PARENTS

10 NAME OF FATHER Frederick Leidenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va.

12 MAIDEN NAME OF MOTHER Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frederick Leidenberg

(Address) 1936 W Mulberry

15 - 1926 G. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-26 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-3, 1926, to 3-3, 1926, that I last saw her alive on 3-3, 1926, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Placenta previa

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Constant hemorrhage for two months

(Signed) G. H. Jones, M. D.

, 19 (Address) 2300 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner of Health

MAY 5 1926

FR. WM. E. WOODALL

R 5

Be WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08017

CERTIFICATE OF DEATH.

127 E 08017

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 501 E. 22nd ST. 9-E WARD

2-FULL NAME Edward A. Wiedefeld Jr

(a) RESIDENCE NO. 501 E. 22nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary M. Bruer

6 DATE OF BIRTH (month, day, and year): May 26. 1876

7 AGE — Years: 49 Months: 9 Days: 8 If LESS than 1 day, hrs or min.: 5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Undertaker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ed. A. Wiedefeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret Melcombe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mary M. Wiedefeld 501 E. 22nd St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to March 3, 1926, that I last saw him alive on March 3, 1926, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Cirrhosis of Liver

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas F. Hurst M. D.

19 (Address)* 457 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar. 6 1926

20 UNDERTAKER: William G. Schaffer — ADDRESS: 1816 Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

MAR 5 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 08018

E 08018

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Guilford & 32nd St., 12-3 Ward)

2-FULL NAME George A. Albaugh

(a) RESIDENCE NO. University Apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Rose Albaugh

6 DATE OF BIRTH (month, day, and year) Aug. 23-1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
12	74	6	10 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale 045

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward W. Albaugh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Warren Baker

(Address) University Apts

15 Filed C. HAMPSON JONES, M. D. Registrar

MAR 5 1926

Per R.C.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Volvulus duration of 3 years

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

3/3 1926 (Address) 4 West Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ... mos., ... ds. In the State..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park Cem Mch 6 1926

20 UNDERTAKER Chas E. Franck ADDRESS 882 Madison Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E.08019 HEALTH DEPARTMENT—CITY OF BALTIMORE E.08019

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13.8 3rd ST., 76-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nonna Piccoli

(a) RESIDENCE NO. 13.8.3rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 13-1925

7 AGE: Years — Months 11 — Days 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Aug. Piccoli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER ~~Harriet Scott~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Aug Piccoli

(Address) 13.8 3rd st

15 Filed 1926 .19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 .1926 to Mar 4 .1926

that I last saw h[illegible] alive on Mar 4 1926

and that death occurred, on the date stated above, at 6 20 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Artigiani M. D.

(Address) 2942 E Fayette L

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL Mar 6 1926

20 UNDERTAKER John Lucas — ADDRESS 2008 Aliceanna

MAR 6 1926 BRH

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Frank Johnson

E 08020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 179 E 08020

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. West Balto, Gen. Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Johnson

(Residence in ~~Baltimore~~ No. Richmond Va. 7 wks, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Jan. 21, 1898 (Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Frank Johnson

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Hannah McClain

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Johnson

(Address) Richmond Va.

15- C. HAMPSON JONES, M. D.

Filed MAR 5 1926 191.. Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st degree, burns of body, (Accidental)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) clothing caught fire from exploded oil stove or lamp

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

March 5, 1926 (Address) 29 or Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va DATE OF BURIAL, Mch 5th 19 26

20-UNDERTAKER A. Jones ADDRESS 111 S Gilmor St

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08021 — 11-002 — E 08021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 19 Evergreen Ave St., Hamilton Ward) 11-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Barbara Abey.

(a) Residence No. 19 Evergreen Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6-DATE OF BIRTH (month, day and year): ? ? 1859

7-AGE: 67 yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS:

10-NAME OF FATHER: George Abey.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Maryland

12-MAIDEN NAME OF MOTHER: Emily Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Maryland

11- (Informant): Mrs Barnes

(Address): 19 Evergreen Ave

15- Filed 192 Registrar.

MAR 5 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 3/26.

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1926 to Mar 3 1926

that I last saw h alive on Mar 3 1926

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geary Eo Jones M. D.

3/5 1926 (Address) 27 E. Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: Mch 6 1926

20-UNDERTAKER: Hughes & Jones Inc — ADDRESS: 4th & Bdy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Known

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08022

91-002

E 08022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2937 Hanford Ave St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Theresa Knorr

(a) Residence No. 2937 Hanford Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm H Knorr

6-DATE OF BIRTH (month, day and year) Jan 2-1843

7-AGE. 83 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Co Md.

PARENTS.

10-NAME OF FATHER, Charles Sindel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER, Sarah Nizet

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Co Md

14- (Informant) Mrs Theresa Johnson

(Address) 2937 Hanford Ave

15- Filed..... 1926 C. HAMPTON JONES, M. D. Registrar.

MAR 5 1926 For C.H.J.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 3rd 26.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28th 1925 to March 3, 1926 that I last saw her alive on March 3rd 1926 and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with resulting Senile Dementia

Contributory (Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? X

(Signed) Edwin C. Price M. D.

3-5, 1926 (Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL, March 6 1926

20-UNDERTAKER. Hughes & Jones Inc 4 W Mt Royal

ADDRESS

Sec. 8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 East Chase St. 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Florence S. Chemelgian

(a) Residence No. 621 E. Chase St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 26 26

7-AGE. — yrs. — mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS:

10-NAME OF FATHER, Vahan Chemelgian

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Armenia

12-MAIDEN NAME OF MOTHER, Florence Mangasian

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Armenia

11- (Informant) Vahan Chemelgian

(Address) 621 E. Chase St.

15- Filed MAR 5 1926 C. HAMPSON JONES, M. D. Registrar.

By —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 5. 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 26 1926 to Mar 5 1926

that I last saw her alive on Mar 5 1926

and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Coma resulting from

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Littlestown M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Vincents

DATE OF BURIAL. Mar 6 1926

20-UNDERTAKER. H. C. Wiedefeld

ADDRESS 914 Greenmount Ave

5.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08024

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Ridgely ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine McKewen

(a) RESIDENCE NO. 1035 Ridgely ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick McKewen

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	59	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Casser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Patrick McKewen

(Address) 1035 Ridgely St.

15 Filed MAR 5 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3rd 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 1924, to Mar 3, 1926,

that I last saw h alive on Mar 2, 1926,

and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(Duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. N. Mayred, M. D.

Mar 3, 1926 (Address) 14 E. Mead St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cemetery DATE OF BURIAL 3/6 1926

20 UNDERTAKER C. D. Fanning Inc. ADDRESS 1336 Lafayette Ave.

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08025

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 562 S. Bentalou ST. (or AVE.) ~~Ward~~ WARD)

2-FULL NAME Ernest Rossler

(a) RESIDENCE NO. 562 S. Bentalou ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

(If non-resident give ~~city or town~~ and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of: Marie Rossler

6 DATE OF BIRTH (month, day, and year): April 6th 1843

7 AGE: Years 82 Months 9 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Ferdinand Rossler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amelia Rossler

(Address) 562 S Bentalou St

15 Filed MAR 5 1926 C. HAMPSON JONES, M. D. Registrar

Per R & S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926, to February 4 1926, that I last saw him alive on February 4 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Uraemia Influenza.
Endocarditis (Mitral Insufficiency)
Senility

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert C Hatch, M. D.

3/5, 1926 (Address) 2151 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Mar 8th 1926

20 UNDERTAKER: F. D. Kuppuert

ADDRESS: 1850 N. Gilmor St

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08026

CERTIFICATE OF DEATH

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. 4m Edmondson Ave. Nursing Home St., Tone Rd Hall WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Seitz

(a) RESIDENCE NO. 2502 Sulgrave St. 20 th WARD (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 65 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John C. Seitz

6 DATE OF BIRTH (month, day, and year): Dec 13-1845

7 AGE: Years 80 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Pressmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Annie Chenowith (Address) 4514 Maine Ave

15 Filed MAR 5 1926, 19 Hamilton. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1 1924 to March 3 1926, that I last saw h alive on March 3 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

I Asthenia Sclerosis

Contributed Mitral Insufficiency

Senility

(duration) yrs. Unknown mos. — ds.

CONTRIBUTORY (Secondary) Unknown Unknown

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert E. Peters, M. D.

3/5/, 19 26 (Address) 2111 Sulgrave Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 6th 1926

20 UNDERTAKER: F. S. Hesselius — ADDRESS: 1853 N. Bolton St

R5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08027

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) 706 W. Saratoga St. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cook.

(a) RESIDENCE NO. 706. W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Cooke

6 DATE OF BIRTH (month, day, and year): June 10 - 1894

7 AGE: Years 31 Months 8 Days 23 — If LESS than 1 day, hrs or min.

32

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook 071

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Thos Cooke.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Sarah Franklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Sadie Tyler

(Address) 707 W. Saratoga st

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to March 3, 1926

that I last saw h alive on March 2, 1926.

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

"

Nephritis

High Blood Pressure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation Chr. Passive Congestion

18 Where was disease contracted if not at place of death? Lungs. Not Known.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) D. M. Rhodes, M. D.

3-3, 1926 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. Co

DATE OF BURIAL: 3/6 1926

20 UNDERTAKER: James. F. Skinner

ADDRESS: 1620 E. Broadway

MAR 5 1926

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08028

CERTIFICATE OF DEATH.

1792 E 08028

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 20-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna J Cantwell

(a) RESIDENCE No. 247 N. Monroe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Cantwell

6 DATE OF BIRTH (month, day, and year) Nov 22 - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Marion Cantwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah Hackett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Catherine Cantwell

(Address) 247 N Monroe St

15 Filed 19 Registrar

C. HAMPSON JONES M.D.

For R.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1926, to March 3, 1926, that I last saw him alive on March 3, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophied Prostate

Chronic Interstitial Nephritis

Uremia (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Francis A. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 3/6/26

20 UNDERTAKER Fred A Finley

ADDRESS Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 6 - 1926

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08029 E 08029

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 913 Leadenhall St. ST. 23-1 WARD)

2-FULL NAME Joseph Thomas.(C)

(a) RESIDENCE NO. 913 Leadenhall St. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -- ---------

6 DATE OF BIRTH (month, day, and year) August 4, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	--	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Thomas.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 NAME OF MOTHER Pauline Dobbins.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Pauline Dobbins.(C)mother
(Address) 913 Leadenhall St.

15 FILED MAR 6 1926, 192 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

March 5, 192 6 (Address) 101 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemtry DATE OF BURIAL 3/6 1926

UNDERTAKER Walter B. Spriggs ADDRESS 39 W. Hamburg St.

INSTRUCTION: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write plainly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08030

E 08030

CERTIFICATE OF DEATH.

100-81

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 127 E. Ann St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Steven Izaret

(a) Residence No. 127 E. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Feb 13 - 25

7-AGE. 1 yrs. 20 mos. ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Pete Izaret

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Mary Halka

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Mrs. Izaret.

(Address) 127 E. Ann St.

15- Filed MAR 6 1926 C. HAMPSON JONES, M. D., Registrar. By Lipsitz

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 4 1926

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25 19 26 to March 4 19 26

that I last saw him alive on March 4 19 26

and that death occurred, on the date stated above, at 11 P M

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Rumstoom M. D.

19 (Address) 757 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary March 6 1926

DATE OF BURIAL.

20-UNDERTAKER. J. H. Chazenski

ADDRESS 730 Eastern Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 08031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.B.I) ST., WARD)

REGISTERED NO. 21-331

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Lee

(a) RESIDENCE NO. 751 Dover st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sam Lee

6 DATE OF BIRTH (month, day, and year) 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER George ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Spriggs

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital records
(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1926, to March 5, 1926,

that I last saw her alive on March 5, 1926,

and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical findings

(Signed) [illegible] M. D.

3-5-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 3/6/1926

20 UNDERTAKER Daniel Carter ADDRESS 946 Pine

WRITE PLAINLY, WITH ONE INKING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AR6

Spec.—1-10-21—M&T—1500 Blks.

E 08032 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08032

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 Scott St. 21-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie B. Flynn

(a) RESIDENCE NO. 703 Scott ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James A. Flynn

6 DATE OF BIRTH (month, day, and year): Dec. 10, 1862

7 AGE — Years: 63 Months: 2 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Perina

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Mr. James A. Flynn (Address) 703 Scott St.

15 Filed ..., 19... HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1926, to Mar 4, 1926, that I last saw h[er] alive on Mar 3, 1926, and that death occurred, on the date stated above, at 5.30 Am.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer L. Gould, M. D.

3/5, 1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: London Park Cem. DATE OF BURIAL: Mar. 6 1926

20 UNDERTAKER: Wm. J. Pickner & Sons ADDRESS: North & Pa

X. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 08033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08033

CERTIFICATE OF DEATH. X 101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1713 N Lexington St., 19-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Cargill

(a) Residence No. 1713 N. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Fe

4-COLOR OR RACE, Wh

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 3, 1921

7-AGE. yrs. 10 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) Petersburg (State or Country), Virginia

PARENTS

10-NAME OF FATHER Thomas Cargill

11-BIRTHPLACE OF FATHER (city or town) Petersburg (State or Country) Va.

12-MAIDEN NAME OF MOTHER, Virginia Scott

13-BIRTHPLACE OF MOTHER (city or town) Petersburg (State or Country), Virginia

14- (Informant) Virginia Cargill

(Address) 1713 N. Lexington St.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 5. 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1926 to March 4 1926

that I last saw h— alive on March 3 1926

and that death occurred on the date stated above, at 5:30 P m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What tests confirmed diagnosis? —

(Signed) Roland Cargill M. D.

March 5 1926 (Address) 1704 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3/6/1926
20-UNDERTAKER Daniel Carey	ADDRESS 976 Pa Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R6

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08034

101-081 E 08034

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1415 Cario St. St., 14-2 Ward)

2-FULL NAME Henretta Queen

(a) RESIDENCE NO. 1415 Cario St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): ~~Abraham Queen~~ Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Abraham Queen

6 DATE OF BIRTH (month, day, and year): April 13th. 1887

7 AGE: Years 38 | Months 10 | Days 21 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Maria Wolford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: Edith Curtis (Daughter)

(Address) 851 Boyd St.

15 Filed ... 19 ... C. HAMILTON JONES, M. D.

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 4th. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 26, to March 4th, 1926,

that I last saw her alive on March 6th. 1926,

and that death occurred, on the date stated above, at 8;45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Bilateral Fulmanating type

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? At place of death No.

Did an operation precede death? Date of No.

Was there an autopsy?

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial: March 6/1926

20 UNDERTAKER: Harriet Eaton ADDRESS: 916 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 6 1926

Spec.—1-10-21 - M&T - 1500 Blks.

1894764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08035

CERTIFICATE OF DEATH.

101-801 E 08035

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 16-6 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gross

(a) RESIDENCE NO. 916 Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 2 years; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No occupation

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed G. HAMPSON JONES, M. D. Registrar

MAR 6 - 1926 Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1926, to Mar 4, 1926, that I last saw h[illegible] alive on Mar. 4, 1926, and that death occurred, on the date stated above, at 1.55 A m.

The CAUSE OF DEATH* was as follows:

Primary Pneumonia (Lobar)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Jacobson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: March 6 1926

20 UNDERTAKER: Daniel Easton | ADDRESS: 916 Barnes

I. S. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFIED STATEMENT OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08036

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST., WARD)

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucious Jones

(a) RESIDENCE NO. 402 Bloom ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Fortune (Jones)

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Donaldson Roland Road Catonsville

9 BIRTHPLACE (city or town) (State or country) North Amberland County Va

PARENTS

10 NAME OF FATHER unobtainable

11 BIRTHPLACE OF FATHER (city or town) unobtainable (State or country)

12 MAIDEN NAME OF MOTHER unobtainable

13 BIRTHPLACE OF MOTHER (city or town) unobtainable (State or country)

14 Informant A. E. Donaldson (Address) 1604 Eutaw Bank Bldg

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926, to March 3, 1926.

that I last saw him alive on Feb 18, 1926,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Prostatitis (Benign Hypertrophy of Prostate)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia - Cardiac Dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 27 26

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Bernard Friedman, M. D.

3/3, 1926 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 3/6 1926

20 UNDERTAKER Samuel E Hawley

ADDRESS 1518 N Eddle

MAR 6 - 1926

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 E 08037

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals (C.B.) ST., 17-1 WARD)

2-FULL NAME Christine Collins or Sampson

(a) RESIDENCE NO. 1065 Myrtle Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown 081

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 1926, 19 C. Hampson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to March 3, 1926, that I last saw her alive on March 3, 1926, and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH* was as follows:

Tertiary syphilis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary), pneumonia Terminal broncho- (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jno. C. McCane Jr. M. D.

3-4-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 3/6 26

20 UNDERTAKER Samuel Stanley ADDRESS 578 N Bdle

R6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 08038 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08038

CERTIFICATE OF DEATH.

15-1329

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 1305 Stricker St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Abraham Bigger

(a) Residence No. 1305 Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Bigger

6-DATE OF BIRTH (month, day and year) Dec. 6-1865

7-AGE. 60 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook

(b) General nature of industry, business, or establishment in which employed (or employer). 021

(c) Name of employer. Mrs. Levy

9-BIRTHPLACE (city or town) (State or Country). Charlottsville Va.

PARENTS.

10-NAME OF FATHER. Abraham Bigger

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Maria Adams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14- (Informant) Ludaye Bigger

(Address) 1305 Stricker St

15-

Filed ..... 192 ..... Registrar.

AR6-1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from January 2, 1926 to March 3 1926.

that I last saw him alive on. March 2 1926,

and that death occurred, on the date stated above, at 6.30 A. M. on

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm. N. Hagner M. D.

March 3, 1926 (Address) 1206 Sherman St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cem. DATE OF BURIAL. 3/6/26

20-UNDERTAKER. Samuel S. Brantley ADDRESS. Baltimore

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08039

E 08039

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 314 W. 28th St. (Ward) 12-2

2-FULL NAME Louisa Haywood

(a) RESIDENCE NO. 314 W. 28th St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE Years 72 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md

PARENTS

10 NAME OF FATHER Wm Tilghman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clarkcown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clarkcown

14 Informant (Address) Mary Warner 314 W. 28th St

15 [illegible] 1926

16 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to March 2, 1926

that I last saw her alive on March 2, 1926

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows: Organic Heart Disease

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. Carlyle Ehrmantraut M. D.

March 5, 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 3/6 1926

20 UNDERTAKER Samuel T. Hendley

ADDRESS 1517 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[illegible] State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o[illegible] OCCUPA-TION is very important. See instructions on back of certificates.

R 6 - 1926

Spec.—1-10-21—M&T—1500 Bks.

E 08040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-231

E 08040

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Eden ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Mann

(a) RESIDENCE NO. 419 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mann

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Approx	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 023

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Co.

(c) Name of employer Wagner Lumber Co Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown 3/3

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Gertrude Hough (Friend) (Address) 4128 Edmondson Ave.

15 Filed MAR 6 - 1926 C. HAMPSON JONES, M. D. Registrar Per H H H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1926, to March 2, 1926, that I last saw him alive on March 1, 1926 and that death occurred, on the date stated above, at 6 10 A. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Laryngitis (Probably Tuberculosis)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Severe Bronchitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Gosney M. D.

3/3, 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Magathy Cemetery — DATE OF BURIAL Mar. 6 1926

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R6

Spec.—1-10-21—M&T—1500 Blks.

E 08041 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08041

CERTIFICATE OF DEATH. × 100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 927 McDonough St., 7-1 (WARD)

2-FULL NAME Jesse Garey

(a) RESIDENCE No. 927 McDonough St., WARD Camden S. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24 1923

7 AGE: Years 2 Months 6 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Camden S. C.

PARENTS

10 NAME OF FATHER Tucker Garey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Camden S. C.

12 MAIDEN NAME OF MOTHER Clara Harvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Camden S. C.

14 Informant (Address): Tucker Garey 927 McDonough St.

15 [illegible] 19 C. HAMPSON JONES, M. D. Registrar

Per R.D.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/1926

17 I HEREBY CERTIFY, That I attended deceased from 2-28-1926 to 3/3 1926,

that I last saw him alive on 3/3 1926,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Subacute Bronchitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. H. Walters, M. D.

19 (Address) 1636 Ashland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar 6 1926

20 UNDERTAKER: H. A. Elliott — ADDRESS: 725 Ashland Ave

R6 - 1926

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 08042 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08042

CERTIFICATE OF DEATH. 18-374-001

1-PLACE OF DEATH Baltimore City Hospitals Registered No.

City of BALTIMORE: (No. Bay View Md. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. (FIRST) Vincas (MIDDLE) (LAST) Brazys

(a) Residence No. 854 1/4 Lombard Street St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 25 mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the Word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) ~~1876~~ 1876

7-AGE. 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lithuania

PARENTS.

10-NAME OF FATHER, Miklas Brazys

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Lithuania

12-MAIDEN NAME OF MOTHER, Margar Balunas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Lithuania

11- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed 1926 C. HAMPSON JONES, M. D. 192 Registrar.

Per R.K.F.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 4-26

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1926 to March 4 1926

that I last saw h. alive on March 4 1926

and that death occurred, on the date stated above, at 12³⁰ AM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test (confirmed diagnosis)? Clinical Lab Test

(Signed) Ray C. Chandler M. D.

(Address) Baltimore Municipal Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer	March 8 1926
20-UNDERTAKER.	ADDRESS
John Greblauckas	425 S. Paca St.

F. G.

AR6

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926
34
3/E 08043
1852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1141 N Shuter ST. 16-6 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David N Brooks.

(a) RESIDENCE NO. 1141 N Shuter ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie M Brooks

6 DATE OF BIRTH (month, day, and year): Dec 1st 1892

7 AGE: Years 34 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bricklayer Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor 086
(c) Name of employer: J. Crist Lankford

9 BIRTHPLACE (city or town) (State or country): City

PARENTS
10 NAME OF FATHER: David Brooks
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Emma Berry
13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: Mrs Lillie M Brooks
(Address): 1141 N Shuter

15 Filed MAR 6 1926 C. HAMPSON JONES Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 22 1926, to March 4 1926,
that I last saw him alive on March 4 1926,
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 1 yrs. 9 mos ds.

CONTRIBUTORY (Secondary): Pulmonary Adenopathy
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. Howard Mc D.
1926 (Address) 837 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn
DATE OF BURIAL: Mar 8 1926

20 UNDERTAKER: Emmert L Wyatt
ADDRESS: Baltimore

21 I HEREBY CERTIFY, That I attended the funeral of the deceased who died at the place and time and from the cause stated above.
(Signed)
1926 (Address)

INFORMATION, WITH UNAVOIDABLE DELAY—THIS IS A PERMANENT RECORD. Exactness of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 4-20-21—M&T—1500 Bks.

(Grampp)

E 08044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 76-7 23

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Grampp.

(a) RESIDENCE NO. 3809 Gonpla ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: .....

6 DATE OF BIRTH (month, day, and year): Mar 11-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: school

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Wm Grampp.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER Josephine Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant (Address): Ricardo.

15 Filed 1926 C. HAMPSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1926, to Mar 5th, 1926, that I last saw b alive on Mar 5th, 1926, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic encephalitis

(duration) ..... yrs. mos 17 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Mar 8 1926

20 UNDERTAKER: John Leeries

ADDRESS: 1008 Orleans

R6

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08045

CERTIFICATE OF DEATH.

154-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 S. Howard ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Armstrong

(a) RESIDENCE NO. 1045 S. Howard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 28' 26

7 AGE — Years — Months — Days: 4 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): 00

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER Wm Stroil

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?)

12 MAIDEN NAME OF MOTHER Thelma Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto,

14 Informant: Thelma Armstrong

(Address)

15 Filed MAR 6 1926, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28. 1926. to Mar 4 1926.

that I last saw her alive on Mar 4 1926.

and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. H. Lamvel M. D.

3/5 1926 (Address) 136 W. Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope

DATE OF BURIAL: Mar 6 19

20 UNDERTAKER: C. H. Bruns Sons

ADDRESS: Westminster

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08046 — 7E 08046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1113 Race ST.; 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Washington

(Residence in Baltimore: No. 1113 Race St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

MARRIED, ~~Single, Married, Widowed, Divorced~~ (Write the word.): Married

6-DATE OF BIRTH: December 6, 1892 (Month) (Day) (Year)

7-AGE: 33 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (037)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: William Stanbery

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Martha Frederick

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Charles H. Galloway

(Address): Harwood near Pike

15-

Filed ....., 191..

C. HAMPSON JONES, M.D. Registrar.

MAR 6 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Mch 3, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15. 1925, to Mch 2 1926, that I saw her alive on Mch 2 1926, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. P. Strauss M. D.

3-3-26 (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Ct. DATE OF BURIAL: Mch 5, 1926

20-UNDERTAKER: J. E. Brown's Son ADDRESS: 1201 Mary

Instructions.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08047

161-001 E 08047

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Powell

(a) RESIDENCE NO. North Point Road St._____ Ward_____

(Usual place of abode) Colored (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 19/26

7 AGE — Years: — Months: — Days: 16 — IF LESS than 1 day ....hrs. or ....min.: 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER Eliz. Powell

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va.

12 MAIDEN NAME OF MOTHER Jane Walley

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Hopkins Hospital

(Address):

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Filed BAP

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

3/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cem. Date of Burial: Mch 6 1926

20 UNDERTAKER: Lilly & Ziehm ADDRESS: 403 S. Wolfe

R 6

...tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

08048

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08048

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Hanover ST., 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Parker

(a) RESIDENCE NO. 718 Hanover ST., 22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eliaah Parker

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aracr N. C.

PARENTS

10 NAME OF FATHER John Hance

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Eliaah Parker

(Address) 718 S Hanover st

15 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/ 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/23/, 1926, to 3/3/, 1926

that I last saw her alive on 3/3/, 1926

and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

1 Acute Cardiac Dilatation, following Myocarditis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History & Physical

(Signed) Wm. M. Bishop, M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemy — DATE OF BURIAL 3/6/26 1926

20 UNDERTAKER Byron Wright — ADDRESS 1218 McCulloh St

R6 - 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08049 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08049

CERTIFICATE OF DEATH.

118-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hosp 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Ehrman

(a) RESIDENCE NO. 128 Winchester Rd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Geo. H. Ehrman

6 DATE OF BIRTH (month, day, and year) March 24-1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	10 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 0-3

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry Ehrman

11 BIRTHPLACE OF FATHER (city or town) Balto., Md (State or country)

12 MAIDEN NAME OF MOTHER Susie Westenbaer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md (State or country)

14 Informant Self.

(Address)

15 Filed 3/3 1926 C. HAMPSON JONES, M. D. Registrar

Per RAP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-1 1926 to 3-4 1926

that I last saw him alive on 3-4 1926

and that death occurred, on the date stated above, at 9:40 A. m.

The CAUSE OF DEATH* was as follows:

Adhesions and Intestinal obstruction

(duration) yrs. 5 mos 9 ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2-23-26

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Wyeth, M. D.

3/3 1926 (Address) W. 3. 6. 4

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 3/8 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[uld state] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

R6

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08050

CERTIFICATE OF DEATH.

12 9 E 08050

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2201 Orleans St., 6-2 Ward)

2-FULL NAME Lydia A. Eisenberg

(a) RESIDENCE NO. 2201 Orleans St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph C. Eisenberg

6 DATE OF BIRTH (month, day, and year): Dec 14/63

7 AGE: Years 62 | Months 2 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: 0

9 BIRTHPLACE (city or town)

(State or country): Penna

PARENTS

10 NAME OF FATHER: Henry Baughman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Adolph C. Eisenberg

(Address): 2201 Orleans St.

15 Filed MAR 6 - 1926 C. HAMPSON JONES, M. D. Registrar

Per RAS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17-a, 1926, to March 4-a, 1926, that I last saw h-r alive on March 2-d 1926, and that death occurred, on the date stated above, at 6-30 P. M.

The CAUSE OF DEATH* was as follows: Mitral insufficiency. General arteriosclerosis. Fatty auricular hypertrophy & Chronic interstitial nephritis. (duration) yrs. 5 mos. 4 ds.

CONTRIBUTORY (Secondary): Uraemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory findings

(Signed) Chas. C. Habbett M. D.

. 19 (Address) 2016 E. Eutaw ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial 3/7 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 08051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08051

CERTIFICATE OF DEATH.

REGISTERED NO. 124

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 228 N. Milton av St. 6-3 Ward)

2-FULL NAME John Graf

(a) RESIDENCE NO. 228 N. Milton av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ late Mary R. Graf

6 DATE OF BIRTH (month, day, and year): June 14/39

7 AGE: Years 86 | Months 8 | Days 18 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 015

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: John Graf

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mary Graf

(Address): 228 N. Milton av

15 Filed: 3/6 1926 By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1925 to Mch 4, 1926, that I last saw h[illegible] alive on Mch 3, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank A. Geeting, M. D.

3/5 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk Date of Burial 3/8 1926

20 UNDERTAKER: Philip Herring ADDRESS 2016 Eutaw St

26 - 1926

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU[illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

08052 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08052

CERTIFICATE OF DEATH. 124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 John ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline P. Mettee

(a) RESIDENCE NO. 1426 John ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7- 1845

7 AGE — Years: 80 — Months: 8 6 — Days: 3 27 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Leonard de Mettee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Ely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Theresa Mettee (Address) 1426 John St

15 Filed ... 19 26 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to March 4, 1926, that I last saw h[illegible] alive on March 4, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Symptoms.

(Signed) Hahnemann F. Freeman M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: March 8 1926

20 UNDERTAKER: George J Smith

ADDRESS 1532 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s... State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... PA-TION is very important. See instructions on back of certificates.

R6 - 1926

Cor.—12-9-25—A Co.—200 Bks.

E 08053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 08053

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Bausmith

(a) RESIDENCE NO. 1310 N. central Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	sungle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 2/1873

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Baysmith

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Julia Roberts

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto .Md

14 Informant Miss Stella Bausmith

(Address) 1310 N. Cent Ave

15 [illegible] 19 [illegible] D.

1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Wound in temple-Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Melancholia

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

3/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. Date of Burial: March 6th 1926

20 UNDERTAKER: George J. Roth ADDRESS: 1735 Harford ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08054

CERTIFICATE OF DEATH.

90 E 08054

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Harford Ave ST. 9-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Curran

(a) RESIDENCE NO. 1613 Harford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/7 1839

7 AGE Years 93 Months 6 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Grover Night

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Night

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Mary Brown

(Address)

15 Filed 6-1926 C. HAMPSON JONES, M. D. Registrar

Per ARO

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926 to Mar 3 1926, that I last saw her alive on Mar 2 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos 4 ds.

(duration) 3 yrs. 5 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Danielson M. D.

19 (Address) 1714 N Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 3/6 1926

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08055 HEALTH DEPARTMENT—CITY OF BALTIMORE 144 E 08055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Hiland ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Garraway

(a) RESIDENCE NO. 1320 Hilaird ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Garraway

6 DATE OF BIRTH (month, day, and year): Jan. 24 1896

7 AGE: Years 30 Months 1 Days 9

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Garraway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Wilhelmina Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Carrie Garraway (Address) 1320 Hilaird St

15 Filed . 19 . Registrar

APR 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1926 to March 3rd, 1926, that I last saw her alive on March 3rd, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocarditis Hypostatic

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pernicious anemia 6 Years

Chronic Endocarditis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Elkus, M. D.

3/5, 1926 (Address) 92 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: March 6 1926

20 UNDERTAKER: Mrs Jas. H. Dennis Ed T. E. Kelson

ADDRESS 1393 Presstman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Mack Elrod

HEALTH DEPARTMENT—CITY OF BALTIMORE

08056 VE 08056

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Dr way from Wharf of Standard Guano Co formerly Hartford) St. 56-9 Ward)

2-FULL NAME Mack Elrod

(a) **RESIDENCE NO.** 4th Av. ~~Fairfield~~ Fairfield **Ward**

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.

About 45-10-3 yrs. 9 days

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O.D.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Emma Blunt

(Address) Hill Ave. Temple

15 Filed 19 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned accidentally Jumped off dock of wharf N. Guano Co

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

Mch 5 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial Mch 1 1926

20 UNDERTAKER Robert Wallis ADDRESS 1515 Mc Elderry

R6 - 1926

THE MORGUE

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 08057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08057

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Preston Apartment ST., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Josephine Gilkey

(a) RESIDENCE NO. Preston Apartment ST., WARD Vineland N.J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? 88 yrs. 1 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lycurgus P.Gilkey

6 DATE OF BIRTH (month, day, and year) Oct.6 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Islesboro Maine

PARENTS

10 NAME OF FATHER ?? Sprague

11 BIRTHPLACE OF FATHER (city or town) (State or country) Block Island

12 MAIDEN NAME OF MOTHER ?? Pendleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant (Address) Mrs Fred L. Clayton (daughter) Preston Apartment

15 Filed 3-6-1926 C. HAMPSON JONES, M. D. Registrar

Per BPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18 1926 to March 4 1926.

that I last saw her alive on March 4 1926.

and that death occurred, on the date stated above, at 12 Midnight

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Terminal)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Senile Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Gibson Porter, M. D.

3/5. 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

DATE OF BURIAL March 6 1926.

ADDRESS 108 W. NORTH AVE.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. I TION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 08058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08058

CERTIFICATE OF DEATH.

4-1 94-002 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 W. Baltimore St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T. Frampton

(a) Residence No. 611 W. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or) WIFE of~~: Sallie E Frampton

6-DATE OF BIRTH (month, day and year): May 1/44

7-AGE: 81 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): retired 086

(c) Name of employer: self

9-BIRTHPLACE (city or town) (State or Country): Talbot Co. Md.

PARENTS.

10-NAME OF FATHER: John Frampton

11-BIRTHPLACE OF FATHER (city or town) (State or Country): dont Know probably Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Duling

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14- (Informant): Sallie E Frampton

(Address): 611 W. Balto, St

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per R.W.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar 6/26

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1924 to Mar 5 1926

that I last saw him alive on Mar 5 1926

and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Senile Chronic Bronchitis

about 3 (Duration) yrs mos ds

CONTRIBUTORY (Secondary) general exhaustion

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Kumpf M. D.

Mar. 1926 (Address) 602 N. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md. DATE OF BURIAL: March 6 1926

20-UNDERTAKER: J. H. Jones ADDRESS: 130 N Penn St

26

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08059 E 08059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2226 Linden Ave St., 13-45 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Diener

(a) Residence No. 2226 Linden Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline Diener

6-DATE OF BIRTH (month, day and year): Aug 10/1863

7-AGE: 63 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Israel Diener

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bavaria Germany

12-MAIDEN NAME OF MOTHER: Caroline Adler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bavaria Germany

14-(Informant): Mr. Louis Diener

(Address): 2449 Linden Place

15-Filed, 1926 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 5-5-26

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to May 5, 1926, that I last saw h. alive on May 5, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) Erwin F. Mayer M. D.

5/5, 1926 (Address) 711 Eglanada

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cemetery — DATE OF BURIAL: May 7/26

20-UNDERTAKER: J Ahrens & Co — ADDRESS: 3314 Pennsylvania Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08060 E 08060

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 179

CITY OF BALTIMORE: (No. Payson and Dukeland ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Green

(a) RESIDENCE NO. 762 Lark Ann ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Green

6 DATE OF BIRTH (month, day, and year) Lebanon 1885

7 AGE Years 41 Months X Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work cooked

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer dont known

9 BIRTHPLACE (city or town) (State or country) St Mary County M D

PARENTS

10 NAME OF FATHER James Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary county M D

12 MAIDEN NAME OF MOTHER Mary Landcaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary county M D

14 Informant (Address) Mary Johnson 904 Little pine Street

15 Filed 6-1926 C. HAMILTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/23, 1926, to 3/2, 1926, that I last saw h— alive on 3/2, 1926, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

O.L. S.T. Hemiasy Coronary N.W.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) T. Hemsley, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL Mar 2 1926

20 UNDERTAKER Leonard Wheeler — ADDRESS 3 & Pyle ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 08061

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 08061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Smith

(a) RESIDENCE NO. 235 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
62y				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dan. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1924, to March 4, 1926.

that I last saw her alive on March 4, 1926,

and that death occurred, on the date stated above, at 6:30 8 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. Lindsay Miller, M. D.

3/5, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL march 7 1926

20 UNDERTAKER Edward Bryan

ADDRESS 631 orleans st

26 - 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08062 E 08062

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 N. Mulberry ST., 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl G. L. Rehbein

(a) RESIDENCE No. 1903 N. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Rehbein

6 DATE OF BIRTH (month, day, and year): Feb 3rd 1859

7 AGE: = 87 = Years | 1 Months | — Days | 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Carl Rehbein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Tuchtenhagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm. H. Rehbein

(Address): 1903 N. Mulberry St

15 Filed: — 1926 C. HAMPSON JONES, M. D. Registrar

Per Key

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1926 to March 5 1926

that I last saw her alive on March 4 1926

and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Uremia Coma

Chr. Nephritis

(duration) yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

3/6/26 (Signed) Ben McCleary M. D.

(Address) 1002 Bay St E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Mar 8th 1926

20 UNDERTAKER: F. B. Wagner ADDRESS: 850 N. Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

26 - 1926

Spec.—1-10-21—M&T—1500 Bks.

E 08063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 224 Eutaw St., (Ward) Md Hilaysk

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie L Shorts

(a) RESIDENCE NO. 224 Eutaw St. (Usual place of abode) Md Womans WARD

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 15 1919

7 AGE: Years 6 Months 6 Days 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Buffalo Md

PARENTS

10 NAME OF FATHER: John Shorts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Shorts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Minnie Shorts (Address) 224 Eutaw St

15 Filed Mch 6 1926, 19 — C. HAMPSON JONES, M. D. Registrar — Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 21 1926, to Mch 4 1926, that I last saw her alive on 2nd Mch 26 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R O Glenn, M. D.

Mch 6 1926 (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md Auburn Cem

20 UNDERTAKER: Saml F Hensley

DATE OF BURIAL: 3/6 1926

ADDRESS: 1238 Dr Bridge

MAR 6 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08064

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Kappa and Dukeland ST.) 10-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Schultheis

(a) RESIDENCE NO. 304 S. Smallwood ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Conrad Schultheis

6 DATE OF BIRTH (month, day, and year) Dec. 21-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or (State or country) Germany.

12 MAIDEN NAME OF MOTHER Nettie Feick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. Frederick Schultheis

(Address) 304 S. Smallwood St

15 Filed 3-1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/3 .1926. to 3/4 .1926.

that I last saw h alive on 3/4 .1926.

and that death occurred, on the date stated above, at 11:50 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. Marcity M. D.

.19 (Address) 411 S. Y. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Mar. 8- 1926

20 UNDERTAKER George L. Schwab ADDRESS 401 Fredk. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Names should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

26

Spec.—1-12-23—M&T—500 Blks.

Louisa Spedden

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08065

CERTIFICATE OF DEATH.

129

E 08065

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S. Monroe St. St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Spedden

(a) RESIDENCE NO. 313 S. Monroe St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Spedden

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George T. Spedden (Address) 313 S. Monroe St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1925, to Mar. 3, 1926,

that I last saw h alive on Mar. 3, 1926

and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Chamberlain M. D.

3/4, 1926 (Address) 247 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Mar. 6 1926

20 UNDERTAKER George L. Schwab

ADDRESS 2101 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08066 E 08066

CERTIFICATE OF DEATH.

98

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Tudor Hall apts. ST. 17-L WARD)

2-FULL NAME Mary Howard Bruce

(a) RESIDENCE NO. Tudor Hall aptmts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, ~~divorced~~ (not ~~widow~~): widowed of Albert C. Bruce

6 DATE OF BIRTH (month, day, and year): March 30, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER: Philip Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Elvira F. Burfoot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Virginia

14 Informant: Albert C. Bruce

(Address): 107 Cleveland Road

15 - 1926 C. HAMPSON JONES, M. D. Registrar

Per Nash

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to June 6th, 1926, that I last saw h[illegible] alive on June 5th, 1926, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis; Sclerosis of Heart

Dilatation of Heart

Lymphadenitis (Sclerosis)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emory B. Grandhart M. D.

, 19 26 (Address) 2402 Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hollywood Cemetery Richmond Va

DATE OF BURIAL 8 2 March 1926

20 UNDERTAKER: Roy W. Jenkins & Sons Co

ADDRESS: Baltimore Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R6

Spec.—1-10-21—M&T—1500 Blks.

Ped

18874 5-
E 08067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08067

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 1203 WARD)

2-FULL NAME Jane Miller

(a) RESIDENCE NO. 209 N. 25th St ST., Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14k yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 26 1923

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 yrs.	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Eugene Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ella Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Mar 6 - 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3 act 1926 to March 5 1926.

that I last saw her alive on March 5 1926.

and that death occurred, on the date stated above, at 4 40 Am.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute secondary broncho-pneumonia.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Measles 3 wks ago.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Jacobs, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL March 7 1926

20 UNDERTAKER Ensworth Son ADDRESS 417 Chestnut

26

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08068

CERTIFICATE OF DEATH.

90

E 08068

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 805 Harlem Ave ST. 17-2 WARD)

2-FULL NAME Mamie Hobb

(a) RESIDENCE NO. 805 Harlem Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of: John Badger

6 DATE OF BIRTH (month, day, and year): June 30, 1877

7 AGE: Years 48 Months 8 Days 4 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John R. Hobb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Denton Md

12 MAIDEN NAME OF MOTHER: Mary E. Strung

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Ava Washington

(Address): 805 Harlem Ave

15 Filed MAR 7 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/27, 1926, to Mch 3d, 1926, that I last saw her alive on Mch 3d, 1926, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Embolism of the brain

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

3/5, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3/7 26.

20 UNDERTAKER: Chas. H. Gordon

ADDRESS: W Hill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 8069.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08069

CERTIFICATE OF DEATH.

E 08069

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1706 William St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Boss

(a) Residence No. 1706 William St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Elnora Boss

6-DATE OF BIRTH (month, day and year): Mch. 30, 1845

7-AGE: 80 yrs. 11 mos. 4 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

040

9-BIRTHPLACE (city or town) (State or Country): Germany.

PARENTS

10-NAME OF FATHER: Unknown.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

11-Informant: Wm. Boss (son)

(Address) 1706 William St.

15-Filed MAR 7 1926 19?

C. HAMPSON JONES, M.D.

Per K.K. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3-4-26

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925 to Mar 4 1926

that I last saw h. alive on Mar 4 1926

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) One yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Graham M. D

Mar 5 1926 (Address) 3100 Hanford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Ch. | DATE OF BURIAL: 3/8 1926

20-UNDERTAKER: J. Few McCully | ADDRESS: 130 E. Fort

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 08070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08070

CERTIFICATE OF DEATH.

REGISTERED NO. 10203.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Balto. Gen. Hosp. ST. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Vickers

(a) RESIDENCE NO. 137 W. Oxford ST., WARD Wd. B.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, Married, (Widowed,) or Divorced, (write the word)

5a If married (widowed) or divorced HUSBAND of (or) WIFE of: Annie Vickers

6 DATE OF BIRTH (month, day, and year): 2-2-1862

7 AGE: 64 Years | 1 Months | 11 Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Keen & Hagerty

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Jacob Vickers.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Ross.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Self.

15 Filed MAR 7 1926 By H. HAMPSON JONES, M. D. Registrar Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 5 1926 2 a.m.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2 1926 to March 5 1926 that I last saw him alive on March 5 1926 and that death occurred on the date stated above, at 2.7 m.

The CAUSE OF DEATH* was as follows:

Myocarditis Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach with metastases (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) James W. Nelson M. D.

, 19 (Address) 20 Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: 3/5 1926

20 UNDERTAKER: S. Frew McCully ADDRESS: 130 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08071

E 08071

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 Webster ST. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miriam Mary Mikel

(a) RESIDENCE NO. 1720 Webster ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, ~~Widowed, or Divorced~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 12 1924

7 AGE 1 Years | Months 4 | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm. Mike

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash Co

12 MAIDEN NAME OF MOTHER Julia A. Hauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick

14 Informant Mrs Julia A. Hauer

(Address) 1720 Webster St.

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.6 1926

17 I HEREBY CERTIFY, That I attended deceased from 2.26 1926 to 3.6 1926, that I last saw h alive on 3.6 1926, and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. F. Singenfreu M. D.

3.6. 1926 (Address) 102 E Pont a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md. DATE OF BURIAL 3/8 1926

20 UNDERTAKER J. Fenis McCully ADDRESS 130 E. Fra

E. HAMPSON JONES, M. D.

MAR 7 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

DAVIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08072

CERTIFICATE OF DEATH.

E 08072

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 S. Ann St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Davis

(a) RESIDENCE NO. 104 S Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 13 1925

7 AGE: Years — Months 3 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Edward Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Virginia Llewellyn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Edward Davis

(Address) 104 S Ann

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ..... yrs. 1 mos. 3 ds.

(Signed) Jno M Denton M. D.

(Coroner)

3 4 1926 (Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Date of Burial: March 1926

20 UNDERTAKER: Wendell Hyde ADDRESS: 37 S Amity

C. LAWTON JONES, M. D.

MAR 7 - 1926

Attention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001
E 08073
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 N. Broadway St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie J. Meiley

(a) Residence No. 1521 N. Broadway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 5, 1859

7-AGE. 66 yrs. 7 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) Lebanon (State or Country) Penna

PARENTS.

10-NAME OF FATHER, Levi Meiley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Penna

12-MAIDEN NAME OF MOTHER, Mary Wolth

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Penna

14-(Informant) Mrs K S Hunter

(Address) 1521 N. Broadway

15-Filed MAR 7 1926 C. HAMPSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-6-26

17- I HEREBY CERTIFY, That I attended deceased from 3-1-, 1926, to 3-6-, 1926

that I last saw her alive on 3-6-, 1926

and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

1 hour

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dorsey M. D.

3/6, 1926 (Address) 1407 North Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mechanicsburg Penna

DATE OF BURIAL. March 8, 1926

20-UNDERTAKER John B. Spence

ADDRESS 1325 N. Caroline St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 08074

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1004 Edmondson Ave. ST. 16-2 WARD)

2-FULL NAME Annie L. Taylor,

(a) RESIDENCE NO. 1004 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of ~~HUSBAND of~~ Charles H. Taylor,

6 DATE OF BIRTH (month, day, and year) August 27. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chestertown

(State or country) Kent C. Md.

PARENTS

10 NAME OF FATHER John W. Carroll,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Louisa Palmer,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Kent Co. Md.

14 Informant Effie M. McChesney

(Address) 1004 Edmondson Ave.

15 Filed MAR 7 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4 - 19 26. to March 6 - 19 26.

that I last saw h alive on March 5 - 19 26.

and that death occurred, on the date stated above, at 5:50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, arterio-sclerosis -

and

(duration) 10 yrs. mos ds.

CONTRIBUTORY —

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [signature] M. D.

19 (Address) 425 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Olivet

DATE OF BURIAL MAR 8 1926

20 UNDERTAKER Geo W Little

ADDRESS 2700 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08075

CERTIFICATE OF DEATH.

47 E 08075

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 N Lombard ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Elizabeth McKeown

(a) RESIDENCE No. 1204 W. Lombard ST., WARD 18
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John E. McKeown

6 DATE OF BIRTH (month, day, and year) July 2. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	74	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Frederick, Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacob Buckey

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Bofst-

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Md.

14 Informant Nellie Smith. Daughter
(Address) 1204 W Lombard st

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar
For RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to March 5, 1926, that I last saw h[illegible] alive on March 5, 1926, and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast-

(duration) 2 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Carcinosis

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of July 20. '26

Was there an autopsy? no

What test confirmed diagnosis? clin.

(Signed) John S. Kinsolf M. D.

, 19 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 9 1926

20 UNDERTAKER John Field — ADDRESS 1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08076

118 E 08076

CERTIFICATE OF DEATH.

E 08076

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Eastern St., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel McGinnis

(a) RESIDENCE NO. 4103 Garrison Ave ST., — Balto WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Leonard McGinnis

6 DATE OF BIRTH (month, day, and year): March 22/1845

7 AGE: Years 80 Months 11 Days 11 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Trust Clerk 09

(b) General nature of industry, business, or establishment in which employed (or employer): Supreme Court

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kent Co Md

PARENTS

10 NAME OF FATHER: Wm McGinnis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Numbers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Hattie L. McGinnis 4103 Garrison Ave.

15 Filed MAR 7 1926, 19 Per ..... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1926, to March 5, 1926, that I last saw h im alive on March 5, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

Anuria

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of 2/28/26

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) T. F. Bryant, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: March 8 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1301 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08077

CERTIFICATE OF DEATH.

43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., W-7 WARD)

2-FULL NAME George W Mahon

(a) RESIDENCE NO. 405 Park Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) 609

(c) Name of employer Stewart & Co.

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Louis Wheland

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose Foudrix

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Lula W. Maenchrod
(Address) 613 N Calvert St

15 1926 C. HAMPSON JONES, M. D.
Registrar

Per RJK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5- 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-4- 1926 to 3-5- 1926
that I last saw him alive on 3-5- 1926,
and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Path

(Signed) R. T. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/8 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R7

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 08078

CERTIFICATE OF DEATH.

E 08078

REGISTERED NO.

8-3

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Delprete Jr.

(a) RESIDENCE NO. 1636 E. Preston St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Mar 6/26

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Vincent Delprete

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Emma Desiengo

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Italy

14 Informant: Vincent Delprete

(Address): 1636 E. Preston St

C. HAMPSON JONES, M. D.

15 Filed ....., 19..... Registrar

MAR 7 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mar 6/20

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity -Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Wallen M. D.

(Coroner)

3/7/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Mar 8, 1926

20 UNDERTAKER: Edmund W. Conklin ADDRESS: 814 E. Eager St.

Boy should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08079

CERTIFICATE OF DEATH.

4 5

E 08079

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Mt Holly ST. 20-1 WARD)

2-FULL NAME Caroline S. Lambert

(a) RESIDENCE NO. 404 Mt Holly ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15 40

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF ~~Father~~ Lambert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mc Knutson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs E S Lessell
(Address) 404 Mt Holly St

15 [illegible] 7 - 1926 C. HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to Mar 6, 1926, that I last saw her alive on Mar 5, 1926 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
To weak for operation.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Abdominal Carcinoma

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Post mortem & Clinical

(Signed) John A. Treharn M. D.

3/7, 1926 (Address) 1219 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL March 8, 1926

20 UNDERTAKER W M Routson

ADDRESS 2235 N Mt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08080

CERTIFICATE OF DEATH.

× 57 E 08080

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elise Ballard

Hebrew Hospital

(a) RESIDENCE NO. — ST., WARD Ruxton Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? 50 yrs. 7 mos. 2 ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harold H. Ballard

6 DATE OF BIRTH (month, day, and year) Jan-1-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	50	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Ruxton Balto. Co. Maryland

PARENTS

10 NAME OF FATHER Charles Baugh

11 BIRTHPLACE OF FATHER (city or town) ? ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Olga Van Buckholtz

13 BIRTHPLACE OF MOTHER (city or town) ?? (State or country) Germany

14 Informant Mr. Harold H. Ballard (husband)

(Address) Ruxton Md.

15 FILED R 7 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1926

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to March 6, 1926, that I last saw h er alive on March 6, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumococcus Septicaemia & Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs Lab-work

(Signed) Philip Papenheim M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL March-9-26 19

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08081 90 E 08081

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3129 Guilford-Ave. St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Nicholls Smith

(a) RESIDENCE NO. 3129-Guilford-Av. St. 12 Ward (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs ? mos ? ds. How long in U. S., if of foreign birth? 61 yrs 1 mos 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): L.Blanche Smith

6 DATE OF BIRTH (month, day, and year): Jan-15-1865

7 AGE — Years: 61 — Months: 1 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

PARENTS

10 NAME OF FATHER: Harry H.Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known Kentucky

12 MAIDEN NAME OF MOTHER: Drucilla Nicholls

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Kentucky

14 Informant: Mrs.L.Blanche Smith (wife)
(Address): 3129-Guilford-Av . City.

Filed MAR 7 1926 19

C. C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 6 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 26 1926 to Mch 6 1926, that I last saw h alive on Mch 6 1926, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

Signed: Alan B Lemmon, M. D.

3/6, 1926 (Address) 7187 Pattonsville Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waynesboro, Penna.

DATE OF BURIAL: March-8-1925

UNDERTAKER: STEWART & MERWIN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08082

100-001

E 08082

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 Hunter ST. 12-3 WARD)

2-FULL NAME Martha Amos

(a) RESIDENCE No. 2215 Hunter ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
Ages 77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Mans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Angaline Mans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John Amos
(Address) 2215 Hunter

15 Filed: C. HAMPSON JONES, M. D. Registrar

R 7 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1926 to Mar 4 1926, that I last saw h[illegible] alive on March 4 1926 and that death occurred, on the date stated above, at 9:40 a.m.

The CAUSE OF DEATH* was as follows:

Bronchia Pneumonia
and Old age

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia and Old age (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Mountains

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo F Bell, M. D.

, 19 (Address) 1426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Lawn Cemetery — DATE OF BURIAL: Mar 6th 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08083

CERTIFICATE OF DEATH.

E 08083

REGISTERED NO. 24-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 Battery ave. St. 24 Ward)

2-FULL NAME Nicholas M Joyce

(a) RESIDENCE NO. 1432 Battery St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Joyce

6 DATE OF BIRTH (month, day, and year): March 2 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steam Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: John F. Joyce

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Barbara Cunningham

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant (Address): Peter Joyce 1437 Battery ave.

Filed MAR 7 1926 19 C. HAMPSON JONES, M. D. Registrar

Ref. p1c.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 5 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1926, to March 5 1926

that I last saw h— alive on March 5 1926

and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows)

Acute Dilatation of Heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Mitchell M. D.

3/7. 1926 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial March 5 1926

20 UNDERTAKER: Margaret A Flynn ADDRESS 1422 Light

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—10-21—M&T—1500 Blks.

1.

Icelee Manning

E 8084

1926 E 8084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F. 0[illegible]24

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ____ ST., 7-1 WARD)

2-FULL NAME Icelee Manning.

(a) RESIDENCE NO. Williamston, N. C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: 3 Years — Months Days If LESS than 1 day, hrs nr min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child - do

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Paul Manning.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Ida Ingle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____, 19 ____ C. HAMPSON JONES, M. D. Registrar

R8 - 1926 Ent. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1926, to Mar. 7th, 1926, that I last saw her alive on Mar. 7th, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Foreign Body (Nail) in Bronchus -

8 weeks (duration)

CONTRIBUTORY (Secondary) Mucous Plug in Trachea

15 min ± (duration)

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? yes Date of 3-4-26

Was there an autopsy? yes - tested

What test confirmed diagnosis? Bronchoscopy & x-ray

(Signed) F. L. Reichert M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamston N.C.

DATE OF BURIAL 8 1926

20 UNDERTAKER R. C. Early

ADDRESS 1621 Washington Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1914 E 08085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08085

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 751 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Bradley

(a) RESIDENCE NO. Littletown Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Estella.

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 62 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer): O&A

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Leon, N. C.

PARENTS

10 NAME OF FATHER: Jack Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mahaly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPSON JONES, M. D.

Registrar

Per RK

R8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7th 1926 to Mar 7th 1926

that I last saw h-live on Mar 7th 1926

and that death occurred, on the date stated above, at 3 05 a. m.

The CAUSE OF DEATH* was as follows:

Gall Stones in gall bladder and commondust

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Boundary Hemorrhage and anaemia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Feb 20

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Littletown Pa DATE OF BURIAL: 3/7/1926

20 UNDERTAKER: Joseph Ahrens ADDRESS: 22 E Lan

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08086

CERTIFICATE OF DEATH.

E 08086

Registered No.

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Baltimore Maryland 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Grinnell

(a) Residence No. 1328 Etting Court St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced, (write word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1866

7-AGE. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Hospital Record

(Address) Balto City Hospitals

15- Filed MAR 8 - 1926 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 5-26

I HEREBY CERTIFY, That I attended deceased from (Admitted to Hospital) 8-28-23 to March 5 1926

that I last saw h[illegible] alive on March 5 1926

and that death occurred, on the date stated above, at 7.45 P M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arteriosclerosis Generalized

Myoma Uteri

(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab. Tests.

(Signed) Jos. D. Chamberlain M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Peters	3/9 1926
20-UNDERTAKER. Daniel Euston	ADDRESS 916 Penna Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08087.

100-001

CERTIFICATE OF DEATH.

E 08087

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 Amity St. 18-3 Ward)

2-FULL NAME Albert Holmes.

(a) RESIDENCE NO. 117 Amity St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 13 - 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Kyles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Henry Holmes (Address) 117 N Amity St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 1 ds.

(Signed) G C Hadd M. D.

(Coroner) (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 3/8 1926

20 UNDERTAKER Samuel Zenton ADDRESS 916 Pa Ave

Use ink or typewriter ribbon. Avoid abbreviations. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08088

CERTIFICATE OF DEATH.

128 ~ E 08088

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Aged Home 115 Aisquith St., St. 3-2 Ward)

2-FULL NAME Sarah Jacobs

(a) RESIDENCE NO. 103 S. Eden St., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Soloman Jacobs

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	90			

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Mr. Michale Jacobs (Son)

(Address) 2142 Presstman St.,

15 Filed 1926, 19 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 March 7th, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1926, to March 7th, 1926, that I last saw h[illegible] alive on March 6th, 1926, and that death occurred, on the date stated above, at 2.15P a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Weisman, M. D.

3-7, 19 (Address) 308 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Md. Carroll — Date of Burial 3-8 19 26

20 UNDERTAKER Jacob Lewis — ADDRESS 1439 E. Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

18442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08089

100-001

CERTIFICATE OF DEATH.

E 08089

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 4-2 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gibbons

(a) RESIDENCE No. Eastern Ave — ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	3 1/2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15 , 1925, to March 3 , 1926,

that I last saw her alive on March 3 , 1926,

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Prematurity)

(duration) yrs. mos 3 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL

DATE OF BURIAL , 19

20 UNDERTAKER

ADDRESS JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08090

CERTIFICATE OF DEATH.

90 E 08090

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 Reuckert Avenue ST. 27-12 WARD)

2-FULL NAME Daisy Belle Rebbel

(a) RESIDENCE NO. 45 Reuckert Avenue ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William L. Rebbel

6 DATE OF BIRTH (month, day, and year): 4/9/1886

7 AGE — Years: 39 — Months: 10 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William A. Hammill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Annie G Cable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: William L Rebbel

(Address) 45 Reuckert Avenue

15 Filed ..., 19... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 5. 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 1926, to Mar 5, 1926, that I last saw h[illegible] alive on Mar 5, 1926 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Endocarditis & Myocarditis

(Chronic) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruning M. D.

3/6, 1926 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 3/9 1926

20 UNDERTAKER: Albert J. Hilty Jr

ADDRESS: 1520 Mc Cosh Chester St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08091

CERTIFICATE OF DEATH.

11-801

E 08091

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 W. Lanvale ST. 16-5 WARD)

2-FULL NAME Anna Martha Reier

(a) RESIDENCE NO. 1803 W. Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Philip Henry Reier

6 DATE OF BIRTH (month, day, and year) Feb 16, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Alvina Rehling

(Address) 1803 W. Lanvale St

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to March 5, 1926

that I last saw h alive on March 5, 1926,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Influenza + Bronchitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton Shook M. D.

(Address) 8064 Gretonia

Mch 6-26.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Mar 8 1926

20 UNDERTAKER Jos Joerdens Son

ADDRESS 2129 Para

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08092

100-001

CERTIFICATE OF DEATH.

E 08092

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1049 N Hilliard ST., 17-1 WARD)

2-FULL NAME William McLaurin

(a) RESIDENCE NO. 1049 N Hilliard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 9 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER James McLaurin

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Bertha Wright

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 Informant James McLaurin father
(Address) 1049 N Hilliard St.

15 Filed 19 C. RAMSBURG, M. D.
Registrar
MAR - 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to March 5, 1926,
that I last saw h[illegible] alive on March 4, 1926
and that death occurred, on the date stated above, at 6[illegible] p. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Primary)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Gohmy M. D.

3/6, 1926 (Address) 1a & C Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Mar 7th 1926

20 UNDERTAKER Mrs. R. A. Ellicott ADDRESS 725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1892 E 08093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08093

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 5-2

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm T. Johnson

(a) RESIDENCE NO. 538 Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Johnson

6 DATE OF BIRTH (month, day and year): Unknown 1863

7 AGE: 63 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto; Md.

PARENTS

10 NAME OF FATHER: Wm T. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Mar 8 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1926, to Mar. 4th, 1926, that I last saw h alive on Mar. 4th, 1926, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

Myocardial insufficiency

(duration) yrs. 4½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis E Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: Mar 7 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08094

E 08094

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W. Franklin Sts T. 19-1 WARD)

2-FULL NAME Florence Kelly Washington

(a) RESIDENCE NO. 1623 W. Franklin St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Washington

6 DATE OF BIRTH (month, day, and year) Aug. 5th. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6.	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville Md.

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Md.

12 MAIDEN NAME OF MOTHER Georganna Cure

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Md.

14 Informant Martha Cure (Grandmother)

(Address) 1623 W. Franklin St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1st. 1926, 19, to March 4th. 1926, 19.

that I last saw her alive on March 3rd, 19 26

and that death occurred, on the date stated above, at 9;30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C.

(duration) unknown yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Mar 8 1926

20 UNDERTAKER Mrs. A.L. Elliott

ADDRESS 1725 Eastland Ave

MAR 8 1926 BALTIMORE, MD.

FION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08095

CERTIFICATE OF DEATH.

41-E 08095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 West Fayette St. 19-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Agnes Feeley

(a) RESIDENCE NO. 1719 West Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick F. Feeley

6 DATE OF BIRTH (month, day, and year): UNKNOWN 1851

7 AGE: Years 75 Months ___ Days ___ If LESS than 1 day, hrs. or min. ___

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Roscommon Ireland

PARENTS

10 NAME OF FATHER: Patrick Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Roscommon Ireland

12 MAIDEN NAME OF MOTHER: Catherine Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Roscommon Ireland

14 Informant: Frank J. Feeley

(Address): 1719 W. Fayette St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19 20 to Mar. 7, 19 26.

that I last saw h alive on Mar. 6, 19 26.

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kavalaris M. D.

3/8, 19 26 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Mar 10 26

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 100 3 N Dallas St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ARG - 1320

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08096

E 08096

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Scott St., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Green

(a) RESIDENCE NO. 524 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Green

6 DATE OF BIRTH (month, day, and year) April 11 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Nicholas Heed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William J. Green

(Address) 524 Scott Street

15 Filed 1926. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Mar. 7, 1926,

that I last saw her alive on Mar 7th, 1926,

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 1 year

Chr. Interstitial Nephritis 1 year

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hyaline Casts

(Signed) J. M. Orbison, M. D.

3/8, 1926 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Mar 9th 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N. Gay St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08097

CERTIFICATE OF DEATH.

21-3 124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 South Poppleton St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian J. Fischer

(a) RESIDENCE NO. 326 South Poppleton St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Fischer

6 DATE OF BIRTH (month, day, and year): June 28th 1852

7 AGE: Years 73 Months 6 Days 9 7

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Christian J. Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia R. Huschback

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. H. J. Smith

(Address): 326 S. Poppleton St.

15 Filed MAR 8 - 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March, 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/24, 19 26, to 3/7/26, 19 ,

that I last saw h— alive on 3/7/26, 19 ,

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis
Chronic Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Normal

(Signed) Bernard J. Seng, M. D.

3/8/26, 19 (Address) 910 West Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Mar 10 19 26

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08098

CERTIFICATE OF DEATH.

E 08098

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N Ann ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christopher Franz.

(a) RESIDENCE NO. 111 N Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 1878

7 AGE: Years 47 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Feed Business

(c) Name of employer: H C Wells & Co

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Jos Franz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Susanna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Caroline Franz

(Address) 111 N Ann St.

15 Filed MAR 8 1926, 19

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1926

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to March 6, 1926,

that I last saw him alive on March 6, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Asthmatic Bronchitis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. exam.

(Signed) Louis F. Krumrein, M. D.

, 19 (Address) 722 N. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Mar 9 1926

20 UNDERTAKER: John Merrick

ADDRESS: 258 Broom

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08099

CERTIFICATE OF DEATH.

91-002

E 08099

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Battery Ave ST. 24-1 WARD)

2-FULL NAME Johnson T. Frampton

(a) RESIDENCE No. 1130 Battery ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Frampton

6 DATE OF BIRTH (month, day, and year) Feb 9- 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79		—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired Mariner

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Ida Frampton (Address) 1130 Battery ave

15 Filed 3-8-1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1926, to Mar. 5, 1926, that I last saw him alive on Mar 5, 1926 and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) about 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G. E. Buxton M. D.

3/6, 1926 (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Mar 9 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R8 - 1926

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08100 E 08100

CERTIFICATE OF DEATH.

REGISTERED NO. 124

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1945 W. Mulberry St. St. 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V. Pasco

(a) RESIDENCE NO. 1945 W. Mulberry St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert T. Pasco

6 DATE OF BIRTH (month, day, and year): Sept. 21, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69 70	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER Chas. H. Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary E. Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D. C.

14 Informant Charles H. Pasco (Address) 1945 W. Mulberry St.

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

R8 - 1926 BHL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug. , 19 , to March 6 , 19 26 ,

that I last saw h alive on March 6 , 19 26

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

..rterio Sclerosis 4 Yrs.

Chronic Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Woolman, M. D.

3/5, 19 26 (Address) 21 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: March 9 1926.

20 UNDERTAKER: Chas. J. Cowan & Son

ADDRESS: 701 Eutaw Place

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08101

CERTIFICATE OF DEATH.

84 E 08101

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 90 Mosher St. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Shea

(a) RESIDENCE NO. 90 Mosher St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Shea.

6 DATE OF BIRTH (month, day, and year): August 1st. 1858.

7 AGE — Years: 67 — Months: 7 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Alexander McCarthy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Harrington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Hugh Shea.

(Address): 3116 Abell Ave.

15 Filed ....., 19.. C. HAMPSON CURRAN, Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 6th. 1926.

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 6, 1926,

that I last saw h.. alive on March 5, 1926,

and that death occurred, on the date stated above, at 3:45 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Art Sclerosis

(duration) 1st Hours yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Walter O'Donovan, M. D.

July, 19 26 (Address) 3-E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 3/9 1926

20 UNDERTAKER: Chas F. Crane & Son — ADDRESS 118 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 539 W West St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Allen

(a) Residence No. 539 W West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Allen

6-DATE OF BIRTH (month, day and year): don't know

7-AGE: indefinite — about 60 yrs. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer: Veredale 040

9-BIRTHPLACE (city or town) (State or Country): Kentucky

PARENTS.

10-NAME OF FATHER: don't know

11-BIRTHPLACE OF FATHER (city or town) (State or Country): don't know

12-MAIDEN NAME OF MOTHER: don't know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): don't know

11-(Informant): Rosa Allen

(Address): 539 W West St.

15-Filed 3 1926 192 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 5 26

17-I HEREBY CERTIFY, That I attended deceased from March 4 1926 to March 6 1926 that I last saw him alive on March 6 1926 and that death occurred, on the date stated above, at 3 am

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Coffuliniger, M. D.

3/6 1926 (Address) 682 Whitelock Blvd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 8 1926

20-UNDERTAKER: L. L. Brown & Son — ADDRESS: 1058 Virginia Ave

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08103

CERTIFICATE OF DEATH.

161-001

E 08103

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 903 S. 17th St., St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Earl Foull

(a) Residence No. 903 S. 17th St., St., Ward.....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 7, 1926

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None yet

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Edward F. Foull

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Woodbine Md

12-MAIDEN NAME OF MOTHER. Marie M. Wiser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

11- (Informant) Edward F. Foull

(Address) 907 S. 17th St.,

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 7 1926

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1926 to March 7th 1926 that I last saw h.. alive on March 7th 1926 and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Cause Unknown

6 to 7 months in Utero

30 Minutes

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. W. Jones M. D

March 8, 1926 (Address) 101 N. Ellwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. March 8 1926

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1799 E. Eager St.

instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08104

E 08104

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Harford & Rosalie Aves St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Davis

(a) RESIDENCE NO. Harford & Rosalie Aves St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E. Davis

6 DATE OF BIRTH (month, day, and year) May 3/1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Supply Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Government

(c) Name of employer Light House Dist.

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Mass

12 MAIDEN NAME OF MOTHER Catherine V. Ruby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs Grace E. Davis

(Address) Harford & Rosalie Aves

15 Filed Mar 8 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mar 5/26

17 *I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J S Hall M. D.

(Coroner)

3/8/26 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. Date of Burial Mch 8 1926

20 UNDERTAKER Wm. C. Black ADDRESS 427 N Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08105

CERTIFICATE OF DEATH.

129 ✓ **E 08105**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N. Stricker ST., 7-3 WARD)

2-FULL NAME Sophia H. Pilgrim

(a) RESIDENCE NO. 725 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Geo. W. Pilgrim

6 DATE OF BIRTH (month, day, and year): Jan 25, 1869

7 AGE: Years 57 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Frank J. Westendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Margaret Hamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Martha Wampler

(Address) 1428 N. Patterson Park Ave

15 Filed MAR 3 1926 19 C. HAMPSON JONES, M.D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch. 2nd, 1926, to Mch 5th, 1926, that I last saw her alive on Mch 5th, 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. S. Kirk, M. D.

3/7, 1926. (Address) 326 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel DATE OF BURIAL: 3/8 1926

20 UNDERTAKER: Geo. J. Ruth ADDRESS: 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08106

CERTIFICATE OF DEATH.

E 08106

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 618 Dolphin ST. 17-1 WARD)

2-FULL NAME Dora Scoll

(a) RESIDENCE NO. 618 Dolphin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mathew Scoll

6 DATE OF BIRTH (month, day, and year) Mch 7. 1892

7 AGE: Years 33 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Wm Blood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Unknown

14 Informant: Mathew Scoll (Address) 618 Dolphin St

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 4. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17th, 1926, to Mch 4th, 1926, that I last saw h~~er~~ alive on Mch 4th, 1926, and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

CONTRIBUTORY (Secondary) (duration) yrs. mos. ✓ ds. Pulpic Dolfus

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? N Date of

Was there an autopsy? N

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chi, M. D.

3/5, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem DATE OF BURIAL: 3/8 1926

20 UNDERTAKER: Emil T. Hensley ADDRESS: 1078 N Eddle

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08107. HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — 2 100 001 — Registered No.

City of BALTIMORE: (No. Bay View St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wright

(a) Residence No. 911 Druid Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where Baltimore mos ds How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black.

5-Single, Married, Widowed, or Divorced (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1866

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Virginia

PARENTS:

10-NAME OF FATHER: William Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14-(Informant) Beulah Wright

(Address) Dolphus Banks

15-Filed MAR 8 1926 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 5-1926

17- I HEREBY CERTIFY, That I attended deceased from March 1. 1926 to March 5 1926

that I last saw him alive on March 5 1926

and that death occurred, on the date stated above, at 3 40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Benign Prostatic Hypertrophy & Urinary Retention

(Duration) 4 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Terminal Cystitis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. F. Clark M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 3/8 1926

20-UNDERTAKER: Samuel K. Housley — ADDRESS: Baltimore Md

Instructions on back of certificates.

E 08108

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

86-901 E 08108

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1820 Eutaw Place 28-1 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Meldred Trainer (Kreiner)

(Residence in Baltimore: No. 2404 Westerholm Rd St. 27 yrs. 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED ✓ WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Sept 3, 1898 (Month) (Day) (Year)

7 AGE: 27 yrs. 6 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Frederick R Bradley

11 BIRTHPLACE OF FATHER (State or country): City

12 MAIDEN NAME OF MOTHER: Sallie J Marseal

13 BIRTHPLACE OF MOTHER (State or country): City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Sallie Bradley

(Address) 1902 Wilbrook Rd

15 Filed ... 191 Per ... REGISTRAR

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926, to March 6, 1926, that I saw h[illegible] alive on March 6, 1926, and that death occurred, on the date stated above, at 1a. m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerative Mitis
Up and On - Since childhood
(Duration) yrs. mos. ds

Contributory (SECONDARY) Streptococcic Meningitis
(Duration) yrs. 1 mos. 2 ds.

(Signed) Edw Cohenour M. D.

191 (Address) 1810 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. 20 ds. In the State 27 yrs. 6 mos. 3 ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 2404 Westerholm Rd

19 PLACE OF BURIAL, OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 9 1926

20 UNDERTAKER: Wm J Richardson — ADDRESS: Balto Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should NOTE CHANGES IN LAW EFFECTIVE JAN. 1, 1926.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08109 57 **E 08109**

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1915 McClean Ave (ST.) 15-11 (WARD)

2-FULL NAME Mrs Ada A Messersmith

(a) RESIDENCE NO. 1915 McClean Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas A Messersmith

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: About 68 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dayton O

PARENTS

10 NAME OF FATHER: Geo Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Chas A Messersmith

(Address): 1915 McClean Ave

15 Filed 1926 .19 C. HAMPSON JONES, M. D. Registrar

R8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feby 22 , 19 26 , to Mch , 19 26 ,

that I last saw h alive on March 5th , 19 26 ,

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos 11 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home during last illness.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. P. Duvall, M. D.

3/6, 19 26 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: March 8 1926

20 UNDERTAKER: J. H. Sanborn, Inc. — ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08110

CERTIFICATE OF DEATH.

T01-001

E 08110

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 433 Brice St

CITY OF BALTIMORE: (No. ST. 70-3 WARD)

2-FULL NAME Mrs Ella Popp

(a) RESIDENCE No. 433 Brice Str ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred life 37 years yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Popp

6 DATE OF BIRTH (month, day, and year) March 6, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
36	37	11	20 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Chas. A. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Carrie High

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Charles H Popp (Address) 433 H Brice St

15 Filed 19 Registrar

MAR - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 | 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 6, 1926

that I last saw her alive on Mar 6, 1926

and that death occurred, on the date stated above, at 4 30 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Fever

8 (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Fibrinous Pleurisy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 433 Brice Str

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical finding

(Signed) Fred T. Kupper, M. D.

, 19 (Address) 2321 Fredk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL March 9 1926

20 UNDERTAKER George E. Smith

ADDRESS Holl

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08111

CERTIFICATE OF DEATH.

124

E 08111

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 634 Euclid Ave ST. 27-11 (WARD)

2-FULL NAME Mary E. Sheaton

(a) RESIDENCE NO. 634 Euclid Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac D. Sheaton

6 DATE OF BIRTH (month, day, and year) Feb. 18-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nova Scotia

PARENTS

10 NAME OF FATHER Jonathan Crowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Sarah Darrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia

14 Informant (Address) Mrs. Mary L. Goodrich 634 Euclid Ave

15 Filed MAR 8 - 1926 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5 1926 to March 6 1926

that I last saw h alive on March 6. 1926

and that death occurred, on the date stated above, at 4-30 A. m.

The CAUSE OF DEATH* was as follows:

Probably- Cholecystitis with Rupture into abdominal Cavity. Had hemorrhage from stomach.

(duration) yrs. mos 3. ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Diagnosis uncertain

(Signed) M. Gibson Forte M. D.

3/7. 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL March 9 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 363 Falls Rd

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08112

CERTIFICATE OF DEATH.

E 08112

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Balto Md ST. H-1 WARD)

2-FULL NAME Arthur Jarrett

(a) RESIDENCE NO. Tyaskin Md ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill worker

(b) General nature of industry, business, or establishment in which employed (or employer) Lath Mill

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Jarrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Arnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant University Records

(Address) .....

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1926, to May 1, 1926, that I last saw h alive on May 1, 1926, and that death occurred, on the date stated above, at 4:55 a m.

The CAUSE OF DEATH* was as follows:

Melanoma of femoral region (Lower third) of right leg

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Dr J C Norman M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury Md Tyaskin Church Cem

UNDERTAKER Chas E Miller & Son

DATE OF BURIAL May 8 1926

ADDRESS 2334 Jefferson

TION is very important. See instructions on back of certificates.

R8 - 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 L. Charles St. 23-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary P. Turner

(a) RESIDENCE. NO. 1728 L. Charles ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Turner

6 DATE OF BIRTH (month, day, and year) April 24th 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Allison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. Turner (Address) 1728 L. Charles St.

15 Filed MAR 8 - 1926 HAMPSON JONES, M. D. Registrar

16 Registered K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to Mar 5th, 1926, that I last saw her alive on Mar 4, 1926, and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Senile Hypostatic

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Davidge M. D.

3 8, 1926 (Address) 1 E Read

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 3/8/26

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1460 Battery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08114 **E 08114**

CERTIFICATE OF DEATH.

21-274001

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1448 Ward St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Linier

(a) Residence No. 1448 Ward St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Don't Know

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Edw Brown

(Address) 1819 Bryson St

15- Date MAR 8 - 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/7/26

17- I HEREBY CERTIFY, That I attended deceased from 3-1-, 1926, to 3-7, 1926

that I last saw him alive on 3-7, 1926

and that death occurred, on the date stated above, at 4.4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thurlow Dram M. D.

19 (Address) 1717 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Lion Cemetery	Mar 9, 1926.
20-UNDERTAKER.	**ADDRESS**
Mrs. Katie R. Williams	322 N. Schroeder St.

Instructions on back of certificates.

Spec—10-21—M&T—1500 Blks.

E 8 9 5 30

E 08115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 100-001

E 08115

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... St., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Quasky (Leroy Quasky)

(a) RESIDENCE No. 1308 Williams ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 4 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER August Quasky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Loretta McMahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ..... 19 ..... Registrar

16 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1926, to Mar. 6th, 1926, that I last saw h alive on Mar. 6th, 1926, and that death occurred, on the date stated above, at 2 15 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A. O. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 3/8/26 19

20 UNDERTAKER: J. Fahey & Son — ADDRESS: 1318 Light St

MAR 8 - 1926

KK

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08116

CERTIFICATE OF DEATH.

90 E 08116
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 Bradley St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Cole.

(a) RESIDENCE NO. 618 Bradley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: Col.
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Cole

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 53 | Months - | Days - | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: John Williams
11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)
12 MAIDEN NAME OF MOTHER: Lizzie Queen
13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Minnie Tripp
(Address): 518 St Mihiels

15 Filed ..... 19..... Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mitral Stenosis
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Cirrhosis
(duration) yrs. mos. 1 ds.

(Signed) G C Hadu M. D.
(Coroner)
Nov 6 26 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 NAME OF CEMETERY, CREMATION OR REMOVAL: Mt Auburn Cemetery
Date of Burial: 3/9 1926
20 UNDERTAKER: Daniel Easton
ADDRESS: 916 Pa Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

See Letter in file from Doctor White. Dated March 10-1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08117

CERTIFICATE OF DEATH.

129 E 08117

REGISTERED NO.

1-PLACE OF DEATH: 1048 W. Saratoga Street

CITY OF BALTIMORE: (No. 1048 W. Saratoga ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Ida May Keys

(a) RESIDENCE NO. 1048 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Keys.

6 DATE OF BIRTH (month, day, and year): 1870 1967

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	50	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Montello Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Bordly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lillie Brown

(Address) 1022 N Stricker St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926 to Mar. 6, 1926

that I last saw her alive on Mar. 6, 1926

and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Uremic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel

DATE OF BURIAL: 3/10 1926

20 UNDERTAKER: David Exstar

ADDRESS: 916 Park Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08118

CERTIFICATE OF DEATH.

G-1 37-001

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. St. Elizabeths' Home Chesterwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madalin C. Madden (MADDEN)

(a) Residence No. St. Elizabeths' Home St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, negress

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 20/1923

7-AGE, 2 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Rudolph Williams

11-BIRTHPLACE OF FATHER (city or town) no record (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Elsie Madden

13-BIRTHPLACE OF MOTHER (city or town) no record (State or Country).

14- (Informant) mother Pascal

(Address) St. Elizabeths' Home

15- Filed 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 7/26

17- I HEREBY CERTIFY, That I attended deceased from January, 1926, to March 6, 1926, that I last saw h.. alive on March 6, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

March 7, 1926 (Address) 200 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

C. HAMPSON JONES, M. D. Commissioner of Health.

INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08119

E 08119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5215 Milton Ave ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ely

(a) RESIDENCE NO. 5215 Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5 1926

7 AGE Years Months Days If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Walter Ely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Pauline Vonwiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Pauline Ely

(Address) 5215 Milton Ave

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to March 5th, 1926, that I last saw h[illegible] alive on March 5, 1926 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Spontaneous abortion

Instrumental attachment of placenta

Sepsis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/5, 1926 (Address) 1605 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D.
Commissioner of Health

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

8 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08120 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital Registered No. 161

City of BALTIMORE: (No. Lombard & Greene St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Amos

(a) Residence No. Jarrettsville Md., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 4, 1926

7-AGE. ...yrs. ...mos. ...ds. If LESS than 1 day, 13 hrs. 40 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Amos

11-BIRTHPLACE OF FATHER (city or town) Harford Co. (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rebecca Jane Evans

13-BIRTHPLACE OF MOTHER (city or town) Harford Co. (State or Country), Md

14- (Informant) Rebecca Amos

(Address) Jarrettsville Md

15- Filed Mar 5 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar 4, 1926 to Mar 5, 1926

that I last saw h[illegible] alive on Mar 5, 1926

and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

~~Congenital debility~~

Cerebral hemorrhage

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes autopsy and

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Mar 5, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER, ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 08121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08121

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 west Beverly ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Mitchell

(a) RESIDENCE NO. 127 west Beverly ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Mitchell

6 DATE OF BIRTH (month, day, and year): July 2 - 1867

7 AGE: Years 56 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Peter Cullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Mahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Dennis Mitchell

(Address): 127 W. Beverly st

15 3 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3. 6. 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3. 3. 1926. to 3. 6. 1926

that I last saw h[illegible] alive on 3. 6. 1926

and that death occurred, on the date stated above, at 4.35P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic Nephritis, Cardiac Hypertention

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. Edward Norris M. D.

3.7.26 (Address) 107 East West st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 10 1926

20 UNDERTAKER: F. A. Krause & Son — ADDRESS: 703 Hamburg

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08122

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Fait av. ST. 13 WARD)

2-FULL NAME Mary A. Walker

(a) RESIDENCE NO. 2705 Fait av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, ~~or divorced~~ (or) WIFE of: John Walker

6 DATE OF BIRTH (month, day, and year): Mar. 12th 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
64	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Richard Feeney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ire

14 Informant: Jno. T. Walker

(Address) 2705 Fait Ave

15 Filed 3-8-1926, C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 5, 1926.

that I last saw her alive on March 5, 1926

and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

Diabetic Mellitus,

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilson M. D.

3/5, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem | DATE OF BURIAL 3/9 1926

20 UNDERTAKER: J. A. Moran | ADDRESS 300 E Baltimore

TION is very important. See instructions on back of certificates.

8 - 1926

Spec.—1-10-21—M&T—1500 Bks.

E 08123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08123

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 E. Fork ave ST. 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Joseph. Nugent.

(a) RESIDENCE NO. 1213 E. Fork ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella. D. Nugent

6 DATE OF BIRTH (month, day, and year): Oct 18 1876

7 AGE: Years 49 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Texas Balto Co Md.

PARENTS

10 NAME OF FATHER: Arthur Nugent

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Winifred Flannigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Ella D. Nugent wife

(Address): 1213 E. Fork ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1926, to Mch 6 1926.

that I last saw he alive on Mch 5 1926.

and that death occurred, on the date stated above, at 10 45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3. ds.

CONTRIBUTORY (Secondary): Chronic Parenchymatous Nephritis

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Tests

(Signed) Thos. H. Jones, M. D.

3/7. 1926 (Address) 2878 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 3/9/1926

UNDERTAKER: C. J. Fanning & Son

ADDRESS: 1460 Battery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC- TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08124

CERTIFICATE OF DEATH.

66 **E 08124**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Mary Mercy Hosp. Ward)

2-FULL NAME Edward Runcl

(a) RESIDENCE NO. Fulton Ave Near Lafayette

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 49 Months Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer): Own Business

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Richard Runcl

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Ruth McGann

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant: Mr Runcl

(Address) 2925 Fulton

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

For 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6. 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

Contributory (Secondary) Chronic Nephritis (duration) yrs. mos. ds.

(Signed) W. H. Riley M. D. (Coroner)

March 1926 (Address) 1032 Cary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs.. mos.. ds. State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Mar 9. 1926

20 UNDERTAKER: W. C. Wedefeld — ADDRESS: 914 Fremont Ave

Be sure that all questions are answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08125

CERTIFICATE OF DEATH.

129 **E 08125**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4105 Massachusetts Ave Ward 10th)

2-FULL NAME Francis Marion Riley

(a) RESIDENCE NO. 4105 Massachusetts Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia F. Riley

6 DATE OF BIRTH (month, day, and year): April 18th 1848

7 AGE: Years 77 | Months 9 | Days 19 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Prince Williams County Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Williams County Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Williams County Va

PARENTS

14 Informant: Mrs Mary Mc Kenzie (Address) 4105 Massachusetts Ave

15 Filed 1926 Per _____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 3 1926, to March 6, 1926, that I last saw he alive on March 6, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Myocarditis with
Chr. Nephritis

(duration) __ yrs. __ mos. 3 ds.

CONTRIBUTORY (Secondary): Cardio-Renal Disease

(duration) (?) yrs. __ mos. __ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lloyd Johnson, M. D.

, 19 (Address) Frederick & Augusta Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marsville, Va Date of Burial: March 9th 1926

20 UNDERTAKER: F.B. Hepburt ADDRESS: 1550 W. Baltimore St

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks. (Infant Waring) 1337 S. Chas St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08126 E 08126

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1072 N. Eden ST. WARD) 10-2

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Varina J. Infant

(a) RESIDENCE NO. 1072 N. Eden ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female 4 COLOR OR RACE: White 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mch 5 1926

7 AGE Years Months Days If LESS than 1 day, 2 hrs. or min.
Born at 6.00 AM
Died at 3.00 AM

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Harold Glenn Waring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Elizabeth Trout

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Elizabeth Waring
(Address) 1072 N. Eden St.

15 Filed 8-1926 C. HAMPSON JONES, M. D. Registrar
Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 8, 1926; that I last saw h[illegible] alive on March 8, 1926; and that death occurred, on the date stated above, at 3.00 A.M.

The CAUSE OF DEATH* was as follows:
Premature birth
about 4½ hrs duration.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.
19 (Address) 1337 S. Chas St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: 1926

20 UNDERTAKER: H. M. Cole ADDRESS: 502 E. Biddle St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Dr Shannon
700 N Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08127

CERTIFICATE OF DEATH.

129

E 08127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 Lemmox ST. 12-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie E. Eyles

(a) RESIDENCE NO. 719 Lemmox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 10-1848

7 AGE: Years 77 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm Eyles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: E. J. Clare

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Miss Jennie Eyles

(Address) 719 Lemmox St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-7-1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1925, to Mch 7, 1926, that I last saw her alive on March 7, 1926, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Nephritis Chronic

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods

(Signed) George C. Shannon, M. D.

3/8, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 3/10 1926

20 UNDERTAKER: William Cook

ADDRESS: 501 E North Ave

TION is very important. See instructions on back of certificates.

8

Spec.—1-10-21—M&T—1500 Bks.

Dr Magruder 1206 E Preston

E 08128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08128

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1517 N. Milton ST., 8-3 WARD)

2-FULL NAME Emma F Magill

(a) RESIDENCE NO. 1517 N. Milton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
(or) WIFE of Andrew J Magill

6 DATE OF BIRTH (month, day, and year) 2-26-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Julius H. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma F. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Milton B. Magill
(Address) 4 St Thomas Ave Gardenville

15 Filed 3-8-1926 By C. HAMPSON JONES, M. D. Registrar Per H.H.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1926, to Mar. 6, 1926, that I last saw her alive on Mar. 5 1926, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ... None

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) L. F. Magruder, M. D.

3/8, 1926 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL 3/8 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E. North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08129

CERTIFICATE OF DEATH.

119

E 08129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 18-3 WARD)

2-FULL NAME Ada Voltz

(a) RESIDENCE No. 1223 Fulton ST., WARD ..
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): March 5 1845

7 AGE: Years 7 Months 7 Days 27

If LESS than 1 day, ... hrs. or ..... min. 3/11/26

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Roff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Margaret De Silver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per REED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1926, to March 7, 1926, that I last saw her alive on March 6, 1926, and that death occurred, on the date stated above, at 4a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration - duration?
Diverticulitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Acute peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory & clinical

(Signed) W. Lindsay Miller. M. D.

3/6, 1926 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: March 10 1926

20 UNDERTAKER: J. W. Cook — ADDRESS: 522 E North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 08130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001

E 08130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp (St.) 25-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ursula

(a) RESIDENCE NO. Hopkins Ave (St.) Bloomfield (Ward) East Balto

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Sing'l

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto Co (State or country) Md.

PARENTS

10 NAME OF FATHER Stephen Ursula

11 BIRTHPLACE OF FATHER (city or town) Do not know Balto (State or country)

12 MAIDEN NAME OF MOTHER Mary Baltimore Know

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) " "

14 Informant Stephen Ursula

(Address) Hopkins Ave. Bloomfield

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-3- 1926, to 3-8 1926,

that I last saw her alive on 3-8 1926,

and that death occurred, on the date stated above, at 3 10 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Comp)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clin Findings

(Signed) J. Gerald Stowell M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bloomfield Cem. New Cathedral — DATE OF BURIAL: Mch 11 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Fay

TION is very important. See instructions on back of certificates.

8 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08131 17 **E 08131**

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 Foster Ave St. 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm M Barnes

(a) RESIDENCE. No. 2431 Foster Ave St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? 76 yrs. 1 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barnes

6 DATE OF BIRTH (month, day, and year) Jan 10 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER James Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Elizabeth Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant Mrs Jos Stimpfer
(Address) 2431 Foster Ave

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to March 4, 1926, that I last saw h— alive on March 4, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. Hampson Jones, M. D.

3/4, 1926 (Address) 5781 Eastern

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Mar 11 1926

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

TION is very important. See instructions on back of certificates.

8

Spec.—1-12-23—M&T—500 Bks.

08132

E 08132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 08132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 27-2 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Melissa Stotler

(a) RESIDENCE NO. 617 N. Hayward Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND (or) WIFE: Geo. Stotler

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Geo. Stotler
(Address): 617 N. Hayward Ave

15 Filed 3-1926, 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-8, 1925, to 3-8, 1926,
that I last saw her alive on 3-8, 1926,
and that death occurred, on the date stated above, at 2 10 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of the cervix
(metastatic.)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Exploratory op & path report

(Signed) Thos B. E. Deegan M.D., M. D.

, 19 (Address) 904 N Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mayersdale Pa. — DATE OF BURIAL: March 8, 1926.

20 UNDERTAKER: Martin Fahey & Sons. — ADDRESS: 1627 N. Mor[illegible]

HOW IS VERY important! See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08133

E 08133

CERTIFICATE OF DEATH.

75-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 721 Edgewood St. St. 16-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Stout MacFadden

(a) RESIDENCE NO. 721 Edgewood St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Otis S. MacFadden

6 DATE OF BIRTH (month, day, and year) Aug. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant William T. MacFadden

(Address) 721 Edgewood St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1926, to Mar 6, 1926, that I last saw h_r alive on Mar 6, 1926, and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia of Right Brain + Left arm + leg

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Senility

(duration) one yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos. H. Phillips, M. D.

, 19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Angel Hill Cemetery	March 19
20 UNDERTAKER Harry A. Witzke	ADDRESS 1053 W Lanvale

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08134

CERTIFICATE OF DEATH.

E 08134

1-PLACE OF DEATH

REGISTERED NO. 74

CITY OF BALTIMORE: (No. 318 W Saratoga St., ST. 42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret R. Roeder

(a) RESIDENCE NO. 318 W Saratoga St., ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 95 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lot Conrad Roeder

6 DATE OF BIRTH (month, day, and year) May 19, 1826

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	99	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Daniel Pieter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick A. Roeder
(Address) 505 Bonnewie St

15 Filed - 1926 C. HAMPSON JONES, M. D. Registrar
By RPK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1926

17 I HEREBY CERTIFY, That I attended deceased from From Jan 8 1926, to March 7, 1926.

that I last saw h alive on March 5, 1926,

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia one

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Owens M. D.

, 19 (Address) 101 A bacy.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer | DATE OF BURIAL Mar 10 1926

20 UNDERTAKER Harry H Witzke | ADDRESS 1532 W. Lond

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08135

CERTIFICATE OF DEATH.

38 E 08135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S Bethel ST. 3-W WARD)

2-FULL NAME Nellie White

(a) RESIDENCE NO. 233 S Bethel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grover White

6 DATE OF BIRTH (month, day, and year): 9 [illegible] 4

7 AGE — Years: 22. Months: — Days: — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Samuel Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant (Address): Bessie White 233 S. Bethel st.

15 Filed 8 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4 1926

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 26 to Mar 4 19 26, that I last saw h[illegible] alive on Mar 2 19 26 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Mitral Insufficiency

? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) /Benj Hamm, M. D.

, 19 (Address) 38 S Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamar South Carolina — DATE OF BURIAL: March 9 1926

20 UNDERTAKER: Jos. S. Y. Rochester — ADDRESS: 143 Gilmor St

Cor.—1-12-23—M&T—100 Bks.

E 08136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08136

CERTIFICATE OF DEATH.

25-11 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Curtis Ave. Curtis Bay 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Karpoff Misiewicz

(a) RESIDENCE NO. 715 Curtis Ave. Curtis Bay WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs mos. ds. How long in U. S., if of foreign birth? 9 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 28, 1896.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saloon keeper out
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Vilna, Poland.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant U. S. Declaration of intention certificate. (Address)

15 Filed 3-8, 1926 C. Hampson Jones, M. D. Registrar

3-8-1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH March 6, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally burned to crisp.
Explosion of still.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

March 8, 192 6 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Independent DATE OF BURIAL Mch. 9 1926

20 UNDERTAKER John J. Gorbhinskas ADDRESS 425 E Pratt

Spec.—1-12-23—M&T—500 Bks.

E 08137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 08137

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. 3763

CITY OF BALTIMORE: (No.) ... ST., (Ward) ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Capp.

(a) RESIDENCE NO. 12 N. Edgewood ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Edward Capp

6 DATE OF BIRTH (month, day, and year): Oct. 10 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mary Land

PARENTS

10 NAME OF FATHER: John Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary O'Navigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Baltimore City Hospitals, Baltimore Md.

15 Filed ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/6/1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1925 to March 6, 1926.

that I last saw h[illegible] alive on March 6, 1926

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Terminal)
Central Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Psychosis with Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Pathological findings

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem.

DATE OF BURIAL: March 9th 1926

20 UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Wolfe St

HARO - 1926 HAMPSON JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08138 E 08138

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 E Pratt ST., V 2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bell.

(a) RESIDENCE NO. 2906 E. Pratt ST. 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Mary L. Bell.

6 DATE OF BIRTH (month, day, and year) March 26 th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) in Commission Business.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel Bell.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Mary L. Bell (Wife)

(Address) 2906 E. Pratt St.

15 Filed MAR 3 1926 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1920 to March 6, 1926 that I last saw him alive on March 5th, 1926 and that death occurred, on the date stated above, at 5-20, A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mns. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Pessano M. D.

3.6.26. 19 (Address) 5.4 Irving Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mch 9 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 08139

CERTIFICATE OF DEATH.

E 08139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 S. Bethel st (St.) (Ward) 2-7

2-FULL NAME John Kwiatkowski

(a) RESIDENCE NO. 525 S. Bethel st (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherina

6 DATE OF BIRTH (month, day, and year): Dec 18-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cement Finisher

(b) General nature of industry, business, or establishment in which employed (or employer): 083

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Adam Kwiatkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Adam Kwiatkowski

(Address) 523 S. Bethel st

15 Filed 1926 19 C. HAMILTON JONES, M. D. Registrar

By 1926 Dpt RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/6 19 26

17

I HEREBY CERTIFY, That I attended deceased from 3-4, 19 26, to 3/6, 19 26

that I last saw h alive on 3-4, 19 26

and that death occurred, on the date stated above, at 11.30 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) Robert Usher M. D.

19 26 (Address) 3820 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 3/9 19 26

20 UNDERTAKER: F. W. Ozarowski

ADDRESS: 1900 Eastern Ave

FRONT is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 08140 HEALTH DEPARTMENT—CITY OF BALTIMORE 56 E 08140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Fairfield Md. 23-9 REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. nine st third ave ST., 23 WARD)

2-FULL NAME amas monger

(a) RESIDENCE NO. nine st third ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colord

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) nov 2. 1925

7 AGE Years Months 6 Days If LESS than 1 day, ...hrs. or .... min.

8 OCCUPATION OF DECEASED child

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md. D

PARENTS

10 NAME OF FATHER dave monger

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Sarah seamore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant dair monger
(Address) nine st third ave. D

15 Filed MAR 3 - 1926 19 .... Registrar ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar-8- 19 26

17 I HEREBY CERTIFY, That I attended deceased from Mar-3- 19 26 to Mar-8- 19 26

that I last saw him alive on Mar-8- 19 26

and that death occurred on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Rickets

(duration) .. yrs. 3 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? .. Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Culpepper M. D.

Mar 9 19 26 Address 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt auburn cemetery — DATE OF BURIAL March 9, 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

Spec.—1-10-M—M&T—1500 Bks.

Damilowska

HEALTH DEPARTMENT—CITY OF BALTIMORE

1895 17

E 08141

CERTIFICATE OF DEATH.

74-001

74 E 08141

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 7 WARD 1)

2-FULL NAME Andy Damilowski

(a) RESIDENCE NO. 1726 Fonfh ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wanda Damilawski

6 DATE OF BIRTH (month, day, and year): march 20 1907

7 AGE — Years: 18 — Months: 11 — Days: 16 — If LESS than 1 day, hrs or min.: 18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa Scranton, PA

PARENTS

10 NAME OF FATHER: Joseph Damilowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Phelicia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 9 - 1926 ..... 19 ..... C. ELMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1st 1926 to Mar 8th 1926.

that I last saw h[illegible]ive on Mar 8th 1926.

and that death occurred, on the date stated above, at 5-40 a.m.

The CAUSE OF DEATH* was as follows:

Cerbral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): ? Congenital Vascular abnormality.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mch 4, 1926

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) J. Dewey Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus — DATE OF BURIAL: March 11 1926

20 UNDERTAKER: John M Weber — ADDRESS: 803 Bank

THION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08142 — CERTIFICATE OF DEATH. — 100 001 — E 08142

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 820 Ensor ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Smith

(a) RESIDENCE NO. 820 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 10 1906

7 AGE — Years: 20 — Months: 1 — Days: 25 — If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto: Md.

PARENTS

10 NAME OF FATHER: Scott Brann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltom,

12 MAIDEN NAME OF MOTHER: Susie Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Susie Brann (Address) 820 Ensor St.

15 Filed MAR 9 - 1926 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 3 1926 to March 5 1926. that I last saw him alive on March 4 1926. and that death occurred, on the date stated above, at 6.30 Am.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. W. Kennard M. D.

3-6 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Greenleaf Cemetery — DATE OF BURIAL: Mar 9 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland Av

TION is very important. See instructions on back of certificate. — PLACE statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

08143

E 08143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Myrtle av ST., 17-2 WARD)

2-FULL NAME Florita Wood

(a) RESIDENCE NO. 1033 Myrtle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 16 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 8/24

7 AGE — Years 1 Months 4 Days — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER John H Ward

11 BIRTHPLACE OF FATHER (city or town) Tacoma Va
(State or country)

12 MAIDEN NAME OF MOTHER Lucie Brooks

13 BIRTHPLACE OF MOTHER (city or town) Easton Md
(State or country)

14 Informant John H Ward
(Address) 1033 Myrtle av

15 Filed MAR 9 - 1926 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 22 1926. to March 8 . 1926.

that I last saw her alive on Feby 24 . 1926

and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Fokkman, M. D.

, 19 (Address) 856 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — DATE OF BURIAL: 3/11 1926

20 UNDERTAKER: Jas. M. Skinner — ADDRESS: 16 25 E. Mad st

TION is very important. See instructions on back of certificates.

Lake Drive near Callow ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08144

E 08144

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Annadale Cpts ST., 1346 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannette Nordlinger

(a) RESIDENCE No. Annadale Cpts. ST., 37 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac D. Nordlinger

6 DATE OF BIRTH (month, day, and year): Apr. 1, 1837

7 AGE — Years: 86 Months: 11 Days: 7 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Kinlein Eising

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Babette Hertheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Pachalder

(Address) Annadale Cpts

Filed 3-9 1926, 19 C. HAMPSON JONES, M. D. Registrar

R.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to March 7, 1926.

that I last saw her alive on March 7, 1926

and that death occurred, on the date stated above, at 10.30 p m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?: —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald, M. D.

March, 1926 (Address) 10 13 St Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cem

DATE OF BURIAL: 3/9 1926

20 UNDERTAKER: Lloyd Sondheim

ADDRESS: 411-25 W. Lexington St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

08145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. (ST.) 27-2 (WARD) 11

2-FULL NAME Ada Rae Gering

(a) RESIDENCE NO. Forrest Ave (Stu Chmore) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER J. R. Gering

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Ada L. West

13 BIRTHPLACE OF MOTHER (city or town) Westernport, Md. (State or country)

14 Informant Father (Address) Forrest Ave Stathmore

15 Filed 9-[illegible]-1926 19 RK Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1926, to Mar. 8, 1926, that I last saw her alive on Mar. 8, 1926, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ruptured Gangrenous appendix (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mar. 7-26

Was there an autopsy? No

What test confirmed diagnosis? Operation & Clinical.

(Signed) C. C. Z. Linthicum, M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: March 10 1926

20 UNDERTAKER: Harry W. Ehlen

ADDRESS 1944 W. Nor[illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08146

CERTIFICATE OF DEATH.

E 08146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 27-3 Ward)

2-FULL NAME Mrs Anna Aaronson

(a) RESIDENCE NO. 4709 Homer ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harris Aronson

6 DATE OF BIRTH (month, day, and year) centum—

7 AGE: 67 (Years / Months / Days)

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Sofman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Eva Kaun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1429 E Balt St

Filed MAR 9 1926 19 HAMPSON JONES, M. D. Registrar

RAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-7-26, 19 ..., to 3-8-26, 19 ...,

that I last saw h[illegible] alive on 3-8-26, 19 ...,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Encephalitis

Diabetes Mellitus

(duration) — yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Philip Levy M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 3/9 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1429 E Balt St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08147

CERTIFICATE OF DEATH.

1154-002

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD) 12

2-FULL NAME Charles Calvert Skinner

(a) RESIDENCE NO. 544 W. University Parkway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Skinner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Virginia Calvert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Wm. H. Skinner
(Address) 544 W. University Parkway

15 Filed MAR 9 1926 19 Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17

I HEREBY CERTIFY, That I attended deceased from March 2 .19 26. to March 8 .19 26.

that I last saw h alive on March 8 .19 26

and that death occurred, on the date stated above, at 4.02 P m.

The CAUSE OF DEATH* was as follows:

Streptococcic pyelonephritis

(duration) yrs. mos 29 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-2-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles Nelson Boyd, M. D.

. 19 (Address) U. M. Dd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL March 9 1926

20 UNDERTAKER John O. Mitchell

ADDRESS 1701 W Fayette

HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

FAMILY STATEMENT OF OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 08148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08148

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 617 Lennox St. (St.) 13-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Schlitzberger.

(a) RESIDENCE No. 617 Lennox St. St. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 4 life yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W. Schlitzberger

6 DATE OF BIRTH (month, day, and year): May 7, 1852

7 AGE — Years: 73 — Months: 10 — Days: 0 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frederick Spangenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Ohm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. A. A. Dugan (Address): 617 Lennox St.

15 Filed MAR 9 - 1926 — C. HAMPSON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to March 7, 1926, that I last saw her alive on March 6, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptomatology

(Signed) Jos. Zierler, M. D.

3/8, 1926 Address: 112 E. Pleasant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Mar. 9 1926

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: 1710 Fleet St

TION is very important. See instructions on back of certificates. EXCEPT statement of OCCUPA-

Spec. 6-9-19 H. P. Co. 1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08149

CERTIFICATE OF DEATH.

E 08149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Eutaw (Ave) ST.: 63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Fiedelman

(a) RESIDENCE. No. 204 N. Eutaw ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 5 1842

7 AGE: Years 84 Months 2 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: retired

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Nicholas Fiedelman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Fiedelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Selma Heupel
(Address) 204 N. Eutaw St.

15 Filed ... 19... CHAS. J. JONES, M. D. Registrar
By ... P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1926, to March 7 1926, that I last saw h[illegible] alive on Feb 26 1926, and that death occurred, on the date stated above, at 2 00 m.

The CAUSE OF DEATH was as follows:
Paralysis, Hemorrhage of Brain
(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Hardening of Arteries
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Heuer, M. D.

3/9, 1926 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — DATE OF BURIAL: Mar 11 1926

20 UNDERTAKER: Johannah Cooke — ADDRESS: 1004 Aisquith St

THIS is very important. See instructions on back of certificates.

19 1926

Spec.—1-10-21—M&T—1500 Bks.

E 08150 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08150

CERTIFICATE OF DEATH. 15-5 (B)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2129 Mt. Holly St. (St.) (Ward) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Gerhard Struven

(a) RESIDENCE NO. 2129 Mt. Holly St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Struven

6 DATE OF BIRTH (month, day, and year) June 14.1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Chandler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C.M.Struven & Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Struven

(Address) 2129 Mt. Holly St.

15 Filed MAR 9 1926. Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to March 7, 1926, that I last saw h alive on March 7, 1926, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 9 mos ds.

(duration) yrs.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis about 9 mos. ds.

(duration) yrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S Hubbert, M. D.

March 8, 1926 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL MAR 9 1926

UNDERTAKER W. J. Sumwalt Sons

ADDRESS Pratt nr

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08151

CERTIFICATE OF DEATH.

E 08151

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2584 Druid Park Drive ST. 19-5 WARD)

2-FULL NAME Ellener V. Lorman

(a) RESIDENCE NO. 2584 Druid Park Drive ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, ~~or Divorced~~. (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howell S Lorman

6 DATE OF BIRTH (month, day, and year) March 24 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph A. Underwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Virginia Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Howell S. Lorman (Address) 2584 Druid Park Drive

15 Filed MAR 9 1926 19 K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1922 to March 7 1926, that I last saw him alive on March 7 1926, and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hoess, M. D.

3-8. 1926 (Address) 6700 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. DATE OF BURIAL: Mch. 10 1926

20 UNDERTAKER: Wm C Black ADDRESS: 427 N. Broadway

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08152 CERTIFICATE OF DEATH 188-00 E 08152

REGISTERED NO.

City of BALTIMORE: (No. 1101 W Royal & Maryland Ave St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Mason Tapscott

(a) RESIDENCE NO. 504 East St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Tapscott

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: 47 Years yrs. Months mos. Days ds. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Maggie Tapscott

(Address) 504 East St

Filed ..... 19 ..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1921

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull, accidental

Driving horse which ran away

Struck Steel car causing injuries

CONTRIBUTORY (Secondary) Fracture femur (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

Signed: Wilkins M. D.

March 9, 1921 (Address) 1111 1637 Rm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cemetery Date of Burial March 9 1921

20 UNDERTAKER: Jos. T. H. Rochester ADDRESS 1413 Jefferson St

ARR - 1926

Harrison Jones M. D.

Registrar

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08153

CERTIFICATE OF DEATH.

E 08153

REGISTERED NO. 19-178

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 313 ST. Bruce WARD

2-FULL NAME Avon L. Cook

(a) RESIDENCE NO. 313 ST. Bruce WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 12/13/05

7 AGE: Years 20 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Chas Cook

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Tobbes

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Chas Cook (Address) 313 N Bruce St

15 Filed 1926 19 CLAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to March 6, 1926, that I last saw him alive on March 6, 1926, and that death occurred, on the date stated above, at 9. a m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. T. Howell, M. D.

, 19 (Address) 19 N Arrowsmith

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3/9 1926

20 UNDERTAKER: Saml P Kennedy

ADDRESS: 578 Wash Blvd

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 08154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Evans Chapel Rd ST., (Edna Pct 6 WARD)

2-FULL NAME William Howe (Howe)

(a) RESIDENCE No. Evans Chapel Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 66; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Sanderson Howe

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Lucy Miller

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Co Md

14 Informant (Address): Fanny V. Goodson Evans Chapel Road

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/26 1926 to 3/6 1926, that I last saw h[illegible] alive on 3/5 1926, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) Noted yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 2y 10m yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Fanny V. Goodson M. D.

19 26 (Address) Hopkins Pct 6

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3/9 1926

20 UNDERTAKER: Sam'l D. Hensley

ADDRESS 578 N Eden

TION is very important! See instructions on back of certificates.

CHARLES J. [illegible] M. D.

MAR - 1926

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08155

CERTIFICATE OF DEATH.

90 E 08155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Carroll Road 27-1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Agnes Zentz

(Residence in Baltimore: No. 300 Carroll Road St; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan 21, 1850
(Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Bankard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary J Heird

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Franklin L. Byers

(Address) 300 Carroll Rd.

15-

Filed, 1926 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22nd 1925, to March 6th 1926, that I saw her alive on March 5th 1926, and that death occurred, on the date stated above, at 1-15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(Duration) 10 yrs. mos. ds.

(Signed) Eugene Douglass M. D.

March 7th, 1926 (Address) 3943 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, U S National bur

DATE OF BURIAL, March 9, 1926

20-UNDERTAKER N McRoutson

ADDRESS 2231 N Howth

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08156

CERTIFICATE OF DEATH.

90

E 08156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5315 Hamlin av (ST.) 27 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura E- Hedges

(a) RESIDENCE. NO. 5315 Hamlin av ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Nov 24th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butts Co. Md.

PARENTS

10 NAME OF FATHER Jno. H. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Butts Co. Mo.

12 MAIDEN NAME OF MOTHER Elizabeth Estl Grove

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Butts Co Md.

14 Informant Elizabeth Grove (Address) 5315 Hamlin ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar.

MAR 9 - 1926 RH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov-15- 1925- to Mar. 7 1926, that I last saw h.r alive on Mar 7 - 1926, and that death occurred, on the date stated above, at 5 a - m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilitation

Mitral Insufficiency

(duration) ..... yrs. ..... mos. 20. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Study

(Signed) James D. Aschhurst M. D.

3-9 1926 (Address) 4012 Park Heights av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gatch Cemetery	March 11 1926

20 UNDERTAKER LeRoy L Hedges ADDRESS Ashton

TION is very important. See instructions on back of certificates.

THIS CERTIFICATE must be filled in with all the particulars required, so far as they can be obtained, and the Physician or Midwife in attendance at the birth, or the Householder, must sign it. Any person who knowingly makes a false statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 08157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08157

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Lombard St. ST., 21 WARD)

2-FULL NAME Frances Schaefer.

(a) RESIDENCE NO. 1913 E. Lombard St ST., 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred : yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Schaefer.

6 DATE OF BIRTH (month, day, and year) Dec. 5-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	57	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Aloysius Kispert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Zinser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Martin Schaefer. (Address) 1913 E. Lombard St.

15 Filed MAR 9 1926, 19 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1926, to March 8, 1926, that I last saw her alive on March 8, 1926, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis - Myocarditis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm J Schmit, M. D.

3/8, 1926 (Address) 76 Aberdeen Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mast Holy Redeemer Cem. DATE OF BURIAL March 1926

20 UNDERTAKER Lilly and Feiler ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08158

CERTIFICATE OF DEATH.

11-801

E 08158

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Fifth St. ST., 26 WARD)

2-FULL NAME Levene Deffinbaugh

(a) RESIDENCE NO. 815 S. Fifth St. ST., 26 WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Arthur Deffinbaugh.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Irene Gillease

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Irene Deffinbaugh
(Address) 815 S. 5th St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1926, to 3/7, 1926,
that I last saw h[illegible] alive on 3/7, 1926,
and that death occurred, on the date stated above, at 7.45 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Reifschneider, M. D.

3/7/26 19 (Address) 2939 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Mch. 9th 1926

20 UNDERTAKER Libby & Fuller ADDRESS 403 S. Wolfe St

MAR 9 - 1926

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 08159

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 08159

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1846 N. Spring St St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bowler

(a) RESIDENCE NO. 1846 N.Spring St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Osborne Bowler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Rachel Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mattie Tunstall (niece)

(Address) 1313 N. Mount St

15 FEB 9 - 1926 Registrar

Per_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Lobar Pneumonia

(duration) yrs. mos. 14 ds.

(Signed) J. H. Collins, M. D.

(Coroner)

3/8/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Mar 9 1926

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N Carey

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

Pauline Brown E 8160

E 08160 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 8160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1107 N. Dallas St. WARD 8-4)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Brown

(a) RESIDENCE NO. 1107 N Dallas St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nil

(b) General nature of industry, business, or establishment in which employed (or employer): nil

(c) Name of employer: nil

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Lewis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cincinnati Ohio

12 MAIDEN NAME OF MOTHER: Carrie Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sussex Co Virginia

14 Informant: Lena Brown

(Address) 1107 N. Dallas St.

15 Filed MAR 9 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5 1926 to March 7 1926

that I last saw her alive on March 7 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Influenza

a contributory

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 730 Cathedral ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: Mch. 9, 1926

20 UNDERTAKER: Mrs J G Locke

ADDRESS: 1302 Jefferson

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08161

CERTIFICATE OF DEATH.

E 08161

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1267 Washington Boulevard (STREET) 21-7 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Holsey

(a) RESIDENCE No 1267 Washington Boulevard WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced (or) WIFE of Wm. Holsey

6 DATE OF BIRTH (month, day, and year) May 1850

7 AGE Years 75 Months 10 Days If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Philip Brupn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Conf Town

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs R. Windsor 1267 Wash Boulevard

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/1926

17 I HEREBY CERTIFY, That I attended deceased from 2-15- , 1926 , to 3-6- , 1926 that I last saw h[illegible] alive on 3-6- 1926, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

(a) Senile Bronchitis

(b) Acute

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Grip

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alfred Brain, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL 3/9/1926

20 UNDERTAKER J.A. Moran ADDRESS 900 E Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Leipelt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08162

CERTIFICATE OF DEATH.

74-001

74 E 08162

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 Rochester Place ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Leipelt

(a) RESIDENCE NO. 108 Rochester Place ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	M.

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Matilda F. Leipelt

6 DATE OF BIRTH (month, day, and year) Mar. 22- 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
65	66	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Chandler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J. C. Brown

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Antine Leipelt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Riesa —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Matilde Leipelt (Address) 108 Rochester Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 19 26.

17

I HEREBY CERTIFY, That I attended deceased from 2/22 19 26 to Mar 7 19 26

that I last saw him alive on Mar 7 19 26.

and that death occurred, on the date stated above, at 10 - 45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Hemiplegia 2 yrs ds.

CONTRIBUTORY (Secondary) Chronic nephritis

Pneumonia (duration) 20 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. H. Mencke Jr. M. D.

3/9 19 26 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery

DATE OF BURIAL 3/10 19 26

20 UNDERTAKER J. J. Inman

ADDRESS 300 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Mc Clennon Lancaster

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08163

CERTIFICATE OF DEATH.

100-001

E 08163

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 Whatcoat St. 15-12 WARD)

2-FULL NAME Mcclennon Lancaston

(a) RESIDENCE NO. 1371 Whatcoat ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 2 1925

7 AGE — Years: 1 Months: 8 Days: 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Isabel Sellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Frank Lancaster

(Address) 1371 Whatcoat St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MAR 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-6- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-27 .1926. to 3-6 .1926.

that I last saw him alive on 3-6 .1926.

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis & Rickets

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank Sellers M. D.

. 19 (Address) 1133 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery

DATE OF BURIAL: 3/9 1926

20 UNDERTAKER: Chas H. Dennis Per J. E. Kelson

ADDRESS: 1303 Eastman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 IE 36.

E 08164

CERTIFICATE OF DEATH.

E 08164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 721½ Bruce St. (Ward) 16-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mable Ward Brown.

(a) RESIDENCE NO. 721½ Bruce ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Irvin Brown

6 DATE OF BIRTH (month, day, and year): Mar 2nd 1899

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27.	mos	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Wm Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Sophia Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: Fred Ward (Address): 721½ Bruce St

15 Filed 9-1926, 19 Per RK Registrar (HAMPSON JONES, M. D.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20th. 19 26. to March. 9th 19 26

that I last saw her alive on March. 8th. 19 26

and that death occurred, on the date stated above, at 2;30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C.

About 2 Unknown months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Alter Jackson, M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville — DATE OF BURIAL: Mar 12 19 26

UNDERTAKER: Dunmore & Bright — ADDRESS: 136 Park Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08165

CERTIFICATE OF DEATH.

E 08165

1-PLACE OF DEATH ~~Home~~ 2132 Division Street REGISTERED NO.

CITY OF BALTIMORE: (No. 2132 Division ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Allen

(a) RESIDENCE NO. 2132 Division ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1924

7 AGE — Years: 2 — Months: 1 — Days: 25 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Willie Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. (?)

12 MAIDEN NAME OF MOTHER Ossie Truett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Ossie Allen (mother)
(Address) 2132 Division Street

15 Filed MAR 9 - 1926, 19 Per R.K. Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 1, 1926, that I last saw him alive on March 1, 1926, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Primary bronchopneumonia

(duration) 0 yrs 1 mos (?) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. R. Reed, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/10 1926

20 UNDERTAKER: Daniel Easter — ADDRESS: 916 Pine

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08166

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2612 Hudson ST., 1-3 WARD)

2-FULL NAME FRANK PANOWICZ,

(a) RESIDENCE NO. 2612 Hudson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 45 yrs. 0 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male,	White,	Married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Panowicz,

6 DATE OF BIRTH (month, day, and year) August--1864.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laboeror, 0.10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pozan, POLAND,

PARENTS

10 NAME OF FATHER Walonty Panowicz,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mrs. Mary Panowicz, (Wife)

(Address) 2612 Hudson Street

15 Filed MAR 9 - 1926 C. HAMPSON JONES, M. D. Registrar.

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7. 1926.

17

I HEREBY CERTIFY, That I attended deceased from 3-1 1926. to March 7. 1926.

that I last saw him alive on March 6. 1926.

and that death occurred, on the date stated above, at 8.45 P.m.

The CAUSE OF DEATH* was as follows:

Uræmia Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pending

(Signed) Fred Hunter M. D.

19 (Address) 600 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS CEMETERY — DATE OF BURIAL: MAR. 11 1926.

20 UNDERTAKER: M. J. Sadowski — ADDRESS: 705 S. Ann St

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08167

100-001

CERTIFICATE OF DEATH.

E 08167

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Forest Park Avenue ST., 15-4 WARD)

2-FULL NAME Alice May Sanders

(a) RESIDENCE NO. 3512 Forest Park Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ------

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John W. Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr. John W. Sanders
(Address) 3512 Forest Park Avenue

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MAR 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to March 7, 1926,

that I last saw h alive on March 7, 1926,

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. S. Lucas, M. D.

3/8, 1926 (Address) 350 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 3/9 19 26

20 UNDERTAKER: Henry W Mears & Son — ADDRESS: 57 Eutaw St

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08168

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Caroline ST., 7-1 WARD)

2-FULL NAME Bettie R. Harrison

(a) RESIDENCE NO. 721 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5, 1925

7 AGE — Years: — Months: 10 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Warren Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER Beatrice Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Rosie Jenkins (Aunt)

(Address): 828 N. Bond St.

15 Filed ..... 19 ..... Per ..... Registrar

C. HANSON JONES, M. D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to March 7, 1926.

that I last saw her alive on March 7, 1926

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia secondary to Measles.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Measles

which was accepting to History (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. F. Gorley, M. D.

3/8 1926 (Address) 1424 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar 9 1926

20 UNDERTAKER: Mrs P. A. Elliott — ADDRESS: 1725 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08169

CERTIFICATE OF DEATH.

+ 38

E 08169

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. W-1 WARD)

2-FULL NAME Maurice Harmon

(a) RESIDENCE No. 1252 Bedford Spruce Point WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Harmon

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Ship

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Wm. Harmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Dept. (Address)

15 Filed MAR 9 1926 19 HAMPSON, REG. M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-3- 1926 to 3-7 1926

that I last saw him alive on 3-7 1926

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos 3 hrs. ds.

CONTRIBUTORY (Secondary) Duke ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no

Was there an autopsy? Yes.

What test confirmed diagnosis? Yes.

(Signed) J. R. Bullock, M. D.

(Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Mar 11 1926

20 UNDERTAKER Deneke Bros ADDRESS 1600 N North Ave

THIS is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08170

CERTIFICATE OF DEATH.

101-001

E 08170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 601 Ward)

2-FULL NAME Lewis Marshall

(a) RESIDENCE NO. 1628 Mulliken St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 5-0 yrs Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 1926 C. HAMPSON JONES, M. D. Registrar

Per Roll

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Duration 1 day (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Feb 27 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health

UNIVERSITY OF MARYLAND

Rev. Wm. S. WOODALL

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08171

38

E 08171

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Forbes Court St. 6-1 Ward)

2-FULL NAME David Fletcher

(a) RESIDENCE NO. 7 Forbes Court St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Gambrill Iron & Metals

(c) Name of employer Chester & Aliceanna

9 BIRTHPLACE (city or town) _____

(State or country) unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Annie Tubman

(Address) 7 Ford Court

15 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiais Chr.

(Renal Insufficiency)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Prob. Syphillitic

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Pitts M. D.

(Coroner)

3/3/26 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08172

CERTIFICATE OF DEATH.

161-00

E 08172

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1517 E. Fayette St. 6-1 Ward)

2-FULL NAME Baby Haywood

(a) RESIDENCE NO. 1517 E Fayette St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
female	Col.	infant

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-5-26.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Sidney Easton

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Savannah, Ga.

12 MAIDEN NAME OF MOTHER Eleanor Queen

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Maryland

14 Informant Eleanor Queen

(Address) 1517 E. Fayette St.

15 Filed ..... 19 .....

- 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-5, 1926, to 3-7, 1926, that I last saw h.lv. alive on 3-6, 1926, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) M. Alexander Norden M. D.

3/8, 1926 (Address) 2357 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health.

Per. Wm. E. WOODALL

very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08173 E 08173

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

Registered No. 19-1

City of BALTIMORE: (No. 230 N. Gilmore St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Girl Lomax

(a) Residence No. 230 N. Gilmore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3¼ hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 8, 1926

7-AGE, ...yrs. ...mos. ...ds. If LESS than 1 day, 3¼ hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Lomax

11-BIRTHPLACE OF FATHER (city or town)... Westminster (State or Country), S. C.

12-MAIDEN NAME OF MOTHER, Mattie Lomax

13-BIRTHPLACE OF MOTHER (city or town)... Wild Wallace (State or Country), S. C.

14- (Informant)... Mattie Lomax

(Address)... 230 N. Gilmore St

15- Filed 1926, 19?... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 8, 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1926, to Mar 8, 1926

that I last saw her alive on Mar 8, 1926

and that death occurred, on the date stated above, at 3:00 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Maternal syphilis (Blood Wassermann Positive Feb 10, 1926)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No. Date of...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick D. Hundley M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER, ADDRESS

C. HAMILTON JONES, M. D.
COMMISSIONER OF HEALTH

Cor.—12-9-25—A Co.—200 Bks.

(Jamed)

E.08174

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-021 E.08174

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 34 S. Eden St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Nettie James

(a) RESIDENCE NO. 34 S Eden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie James

6 DATE OF BIRTH (month, day, and year) Feb 26 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balt. Concrete

9 BIRTHPLACE (city or town)

(State or country) Melvar - Va

PARENTS

10 NAME OF FATHER John T. James

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lemon - a. Va.

12 MAIDEN NAME OF MOTHER Ellen. James

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lemon a Va.

14 Informant Mrs. Nettie James

(Address) 34. S. Eden st

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Coroner, find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James H Newton M. D.

(Coroner)

3-9-1926 (Address) 1002 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery Date of Burial March-10. 1926

20 UNDERTAKER Geo. J. Leutt ADDRESS 1735 Harford Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08175

E 08175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 712 S. Wolf St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tony Szymanski

(a) RESIDENCE NO. 712 S. Wolf St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19 1926 Per C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: investigation by Intracranial injuries accident / suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) shows was was burned cow pneumonia

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

28, 1926 Address) 700 Wolf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner of Health

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08176

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Suffin

(a) RESIDENCE NO. 26 N. Exeter ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nelson Suffin

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE — Years: 23 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): W E Sisson Johns Hopkins Hospital

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to Mar 5, 1926

that I last saw her alive on Mar 5, 1926.

and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Thrombophlebitis

Lung abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth City N. C.

DATE OF BURIAL: 9 March 1926

20 UNDERTAKER: Leonard Whaley

ADDRESS: 811 Gilmor

FROM is very important. See instructions on back of certificate.

Glauber

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08177

CERTIFICATE OF DEATH.

E 08177

Registered No. C 14218

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 South Mount Street St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Milton Glauber

(Residence in Baltimore: No. 104 South Mount Street St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. July 23, 1888
(Month) (Day) (Year)

7-AGE. 37 yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Confectioner
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. John Henry Glauber

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Louisa Meyers

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elfreida Glauber

(Address) 104 S. Mount St.

15- Filed ..... 19.. C. HAMPSON JONES, M. D.
Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 8, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Monoxide Gas Poisoning
Found dead in garage
with motor Running

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. H. Horton M. D.
(Coroner)

March 8 1926 (Address) Cedar & Curtis Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	Mar. 11 19 26

20-UNDERTAKER. Joseph L. Cook ADDRESS 835 E. Balto. St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08178

E 08178

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Curtis Ave. Curtis Bay St. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry M. Morgan.

(a) RESIDENCE NO. 713 Curtis Ave, Curtis Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam fitter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Morgan.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Catherine Clark.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant John I. Cranford. (brotherinlaw)
(Address) 330 Hyman Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. 192
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Steinhardt, M. D. (Coroner)

March 9, 1926 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Mar 10 192 6

20 UNDERTAKER Lloyd B Cook ADDRESS 1003 N Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08179 E 08179

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 Division ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Bennett

(a) RESIDENCE No. 1105 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

femal Colord single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE 41 Years Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER — Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) md Unknown

12 MAIDEN NAME OF MOTHER Rosa Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Rosa Williams (Address) 525 N Biddle St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to March 7, 1926, that I last saw h[illegible] alive on March 7, 1926, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis + Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. Carey M. D.

, 19 (Address) 1105 Division St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3-10 1926

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Druid Hill Ave

NOTE—It is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08180

CERTIFICATE OF DEATH.

44E 08180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 711 W. Franklin ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Bankert

(a) RESIDENCE NO. 711 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josiah Bankert

6 DATE OF BIRTH (month, day, and year): Nov. 1, 1828

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
97	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Johnsville Frederick Co Md

PARENTS

10 NAME OF FATHER: — Waltz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co. Md

12 MAIDEN NAME OF MOTHER: Etzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co. Md

14 Informant: Mrs. W. Frosnicke

(Address): Union Bridge Md

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to March 9, 1926.

that I last saw her alive on March 9, 1926,

and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) old age

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/9, 1926 (Address) 3102 Harrison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beaver Dam Frederick Co Md — DATE OF BURIAL: March 12 1926

20 UNDERTAKER: Powell & Waugh — ADDRESS: Libertytown Md

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 08181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08181

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S Port Street ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John .,Poter

(a) RESIDENCE NO. 817 S. Port Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Cecilia . Poter

6 DATE OF BIRTH (month, day, and year) May. 7 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael . Poter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mrs. Cecilia . Poter Wife 817 S. Port Street

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to 3/6, 1926, that I last saw h[illegible] alive on 3/6, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bacteremia, staph. viridans)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lupus Sore Throat

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Laryngoscopy

(Signed) Samuel Strahan M. D.

, 1926 (Address) 33 26 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	March 10 1926
20 UNDERTAKER	ADDRESS
John M Weber	1883 Bank

IMPORTANT—See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08182

CERTIFICATE OF DEATH.

99 E 08182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Boston Ave., Graceland Pk. ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Koszerowski

(a) RESIDENCE NO. 122 Boston Ave., Graceland Pk., Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6 DATE OF BIRTH (month, day, and year) Unkown 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Albert Riley

9 BIRTHPLACE (city or town) German Poland (State or country)

PARENTS

10 NAME OF FATHER Sylvester

11 BIRTHPLACE OF FATHER (city or town) Russian Poland (State or country)

12 MAIDEN NAME OF MOTHER Mary Unknown

13 BIRTHPLACE OF MOTHER (city or town) German Poland (State or country)

14 Informant Josephine Koszerowska

(Address) 122 Boston Ave., Graceland Pk.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to March 9, 1926.

that I last saw him alive on March 6, 1926.

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. mos 33 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiecy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronnshas, M. D.

3-9. 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL March 11 1926

20 UNDERTAKER J. M. Wilson ADDRESS 1803 Bank St.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.S.R.S.—400 Bks.

E 08183

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 623 N. Caroline St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry White

(a) Residence No. 623 N. Caroline St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Deborah White

6-DATE OF BIRTH (month, day and year) March 6 1852

7-AGE. 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer.....

9-BIRTHPLACE (city or town) Canton (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H White

11-BIRTHPLACE OF FATHER (city or town) Canton (State or Country), Md

12-MAIDEN NAME OF MOTHER, Betsy Smith

13-BIRTHPLACE OF MOTHER (city or town) Canton (State or Country), Md

14- (Informant) Deborah White

(Address) 623 N. Caroline St.

15- Filed Mar 10 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 6 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1926 to March 6 1926

that I last saw him alive on March 6 1926

and that death occurred, on the date stated above, at 7-15 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Cardiac disease

(Duration) Last illness yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas, M. D

3-8, 1926 (Address) 822 N. Bond St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	March 10 1926
20-UNDERTAKER,	ADDRESS
Mrs Chas L. Bailey	1721 Jefferson St

HK

Spec.—1-10-21—M&T—1500 Bks.

E 08184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001

E 08184

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital ST., 8-W WARD)

2-FULL NAME. Baby Dunigan

(a) RESIDENCE NO. 1809 N Port St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/7/26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Patrick Dunigan

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Hartley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant St Joseph Hospital records. (Address)

15 Filed 3/9, 1926 C. HAMILTON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/7, 1926, to 3/9, 1926, that I last saw he alive on 3/9, 1926, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hepatitis Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) James L Jenkins M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthews Cem — DATE OF BURIAL: Mar 10 1926

20 UNDERTAKER: John Cremin — ADDRESS: 2008 Orleans

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH **E 08185**

REGISTERED NO. 134-002 E 08185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Colonial Hospital ST., 31-1 WARD)

2-FULL NAME Emanuel Diggs

(a) RESIDENCE NO. 2033 Pennsylvania ST., Ctrl WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Local 018

(b) General nature of industry, business, or establishment in which employed (or employer) Minister

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mattikiah Williams

(Address) Balto. Co. Md

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 26, to March 6, 19 26, that I last saw him alive on March 6, 19 26, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Multiple permanent Systolic Murmurs Myocarditis Senility Tropical Ulcer (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab findings

(Signed) Chas D Brunkow, M. D.

, 19 (Address) 1122 No Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Lukes Can

DATE OF BURIAL 3/10 19 26

20 UNDERTAKER Samuel H Hawsley

ADDRESS Biddle

FILED MAR 10 1926 C. HARRY JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 08186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 129

City of BALTIMORE: (No. 594 Presstman St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Susan Ann Johnson

(a) Residence No. 594 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Johnson

6-DATE OF BIRTH (month, day and year) Dec 26 - 1842

7-AGE. 83 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of Industry, business, or establishment in which employed (or employer). Cook
(c) Name of employer. Unknown

9-BIRTHPLACE (city or town) (State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, John Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER, Chanty —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-(Informant) Charles H Johnson
(Address) 516 Presstman St.

15-Filed FEB 1926 C. HAMPSON JONES, M. D. Registrar.
Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1926 to March 7 1926

that I last saw [illegible] alive on March 6 1926

and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

Interstitial Nephritis,

Chronic (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Urine

(Signed) Wm H Wright M. D.

Mch 8, 1926 (Address) 1204 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Thomas Cem — DATE OF BURIAL. 3/10, 1926

20-UNDERTAKER. Samuel Hendley — ADDRESS 538 Bible

Spec.—1-10-21—M&T—1500 Bks.

E 08187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-1 179

E 08187

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 865 Colvin ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louisa Stafford

(a) RESIDENCE NO. 865 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John Stafford

6 DATE OF BIRTH (month, day, and year): Aug 4 1893

7 AGE: Years 82 Months 7 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER: James Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriett Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Stella Gray Donnell (Address) 1230 Jefferson St

15 Filed 10 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 19 , to March 8, 1926, that I last saw her alive on March 8, 1926, and that death occurred, on the date stated above, at 1:50 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Respiratory Failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis - Chronic Myocarditis Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo B Miller M. D.

March 10 19 26 (Address) 501 Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3/10/26

20 UNDERTAKER: Samuel A Stanley

ADDRESS: Balto

Spec.—1-10-21—M&T—1500 Bks.

E 08188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08188
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Webster ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Jones

(a) RESIDENCE NO. 1326 Webster ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry H Jones

6 DATE OF BIRTH (month, day, and year) Oct. 24-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self.

9 BIRTHPLACE (city or town) Balto
(State or country) md

PARENTS

10 NAME OF FATHER John Cook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Zinchus

13 BIRTHPLACE OF MOTHER (city or town) Ger.
(State or country) Germany

14 Informant Harry H Jones
(Address) 1326 Webster St

15 FILED MAR 10 1926 W. HAMPSON JONES, M. D.
Registrar
Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1924, to Mar. 9, 1926, that I last saw her alive on Mar 8, 1926 and that death occurred, on the date stated above, at 3.22 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C G Burton, M. D.

3/9, 1926 (Address) 301 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 3, 1926

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fra

Spec.—1-10-21—M&T—1500 Blks.

E 08189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08189

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 McCubbin St. WARD)

2-FULL NAME Clarence Nichols

(a) RESIDENCE NO. 1721 McCabbin ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Nichols

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 57 | Months Don't know | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer any kind

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 7 1926

17 I HEREBY CERTIFY, That I attended deceased from About Sept, 1925, to Mar 7, 1926, that I last saw him alive on Mar 4, 1926, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): Broken compensation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [illegible] M. D.

, 19 (Address) 1202 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant: Edna Dixon

(Address) 1721 McCubbin St.

15 Filed MAR 10 1926 19 C. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

DATE OF BURIAL: March 10 1926

20 UNDERTAKER: Milton Davis

ADDRESS: 316 N Eden St

Spec.—1-10-21—M&T—1500 Bks.

Piercy

800 Pat Pat Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08190

CERTIFICATE OF DEATH.

90

E 08190

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 800 Pat Pat Ave ST., 8-1 WARD)

2-FULL NAME Alice F. Piercy

(a) RESIDENCE NO. 800 Pat-Pat Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Edward

6 DATE OF BIRTH (month, day, and year): July 2 1859

7 AGE: Years 66 Months 7 Days 17

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: C W Shire

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Hartzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edward C Piercy

(Address) 902 E Fayette St

15 Filed 1 0 1926 C. HAMPSON JONES, M. D. Registrar

Per PH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-20 1926 to 3-7 1926

that I last saw h alive on 3-5 1926

and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation (Rheumatic)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Pending

(Signed) Fred Schrader M.D.

3-9 1926 (Address) 800 Pat Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 3-11 1926

20 UNDERTAKER: Wm Cook & Son

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08191

CERTIFICATE OF DEATH.

129 E 08191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 W. Montgomery ST. 22-2 WARD)

2-FULL NAME Loyd Stephens

(a) RESIDENCE NO. 141 W. Montgomery ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Stephens

6 DATE OF BIRTH (month, day, and year): 188[illegible]

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Chesapeake Stevedore

9 BIRTHPLACE (city or town) (State or country): Norfolk Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Lucy Stephens

(Address) 141 W Montgomery

15 Filed ..... 19 C. HAMPTON JOYCE, M. D. Registrar

1926 Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/9 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/8, 1925, to 3/9, 1926,

that I last saw h[illegible] alive on 3/8, 1926,

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis + Diphtheria Septicemia

(duration) 1 yrs — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No, Date of

Was there an autopsy? No —

What test confirmed diagnosis? Urine ++

(Signed) Dan Francheni, M. D.

3/9, 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn 3/11/26

DATE OF BURIAL 19

20 UNDERTAKER: W. L. Brauer & Son

ADDRESS 1811 W. Pratt

Spec. 1-10-21 M&T 1500 Blks.

E 08192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08192

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3447 Belair Rd ST. 76-1 WARD)

2-FULL NAME Cecelia L Etter

(a) RESIDENCE NO. 3447 Belair Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs 10 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Samuel J. Etter

6 DATE OF BIRTH (month, day, and year) April 30 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John E. Erdman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Christiana Slagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John L Etter

(Address): 3447 Belair Road

15 Filed 10 1926 C. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926 to March 7, 1926.

That I last saw her alive on March 7, 1926.

and that death occurred on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH was as follows:

Acute Diffuse Nephritis

Uremia

Hypertension

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Ned Symonds M. D.

19 (Address) 800 N Adams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March 10 1926

20 UNDERTAKER: Geo. Schilling & Sons

ADDRESS: N. Gay & Monument

Spec.—1-10-21—M&T—1500 Bks.

E 08193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08193

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Belview Av. ST., 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Fleischer

(a) RESIDENCE NO. 4309 Belview Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick J. Fleischer

6 DATE OF BIRTH (month, day, and year): Oct 29 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George A Rose.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Anna Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs Paul Hauser (Sister)

(Address) 4002 Frankhill Av

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

3 10 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 - 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from the past 4 weeks to . 19 .

that I last saw her alive on 3 - 3 . 1926.

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Uraemia secondary to chronic nephritis of several yrs. duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis duration yrs. Uncertain ds.

18 Where was disease contracted if not at place of death? Patient's home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical & Hospital findings

(Signed) Henry Russell M. D.

. 19 (Address) 3902 Groveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 3-11 1926

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 1000 Washington Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08194

CERTIFICATE OF DEATH.

E 08194

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 West Hamburg ST., 75 WARD)

2-FULL NAME Oliver D. Stonebreaker

(a) RESIDENCE NO. 717 West Hamburg ST., 75 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Stonebreaker

6 DATE OF BIRTH (month, day, and year): Aug 7, 1902

7 AGE: Years 23 24; Months 4; Days 28 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto-Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l Agency

(c) Name of employer: Lowy & Short. Maryland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: William Davis Stonebreaker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catharine Schramm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Henry Werner (Address) 712 W. Hamburg st.

15 Filed ... 19... C. HAMPSON GIBBS, M. D. Registrar

Per ...

R 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 1924 to March 8 1926

that I last saw him alive on March 8 1926

and that death occurred, on the date stated above, at 10.05 P m.

The CAUSE OF DEATH was as follows:

Hodgkin's Disease.

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of March 1926

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) Wm Wescott M. D.

March 1926 (Address) 866-Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: 3-11 1926

20 UNDERTAKER: James Degnan Son

ADDRESS: 1908 S. Broadway.

TREAT AS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

E 08195 HEALTH DEPARTMENT—CITY OF BALTIMORE 9 V E 08195

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1412 Mt Royal Ave 14-V WARD)

2-FULL NAME Mary U. Barnum

(a) RESIDENCE NO. 1412 Mt. Royal Ave ~~St.~~ WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, ~~or divorced~~ widowed
~~HUSBAND of~~ (or) WIFE of Henry H. Barnum

6 DATE OF BIRTH (month, day, and year) Nov. 4th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	75	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. ditto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick A. C. Uhthoff

11 BIRTHPLACE OF FATHER (city or town) Louenburg
(State or country) Germany

12 MAIDEN NAME OF MOTHER Ellen S. Busk

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Grace Uhthoff
(Address) 1412 Mt. Royal Ave

15 Filed ..... 19 ..... Registrar

R 1 0 1926 C. HAMPSON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1926,

17 I HEREBY CERTIFY, That I attended deceased from Feby 23 1926 to March 8th 1926 ;
that I last saw h W alive on March 8th 1926 .
and that death occurred, on the date stated above, at (11 20) P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis -
(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis .
(duration) — yrs. — mos. 13 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No — Date of

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Chas W. Tancil M. D.
March 9 1926 (Address) 1327 Park Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	March 11 1926
20 UNDERTAKER Henry W. Jenkins & Son Co	ADDRESS 1224 Eutaw Pl. McCulloh

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08196

CERTIFICATE OF DEATH.

90 E 08196

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2711 Hugo Ave St., 9-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C. Eric Bladin

(a) RESIDENCE NO. 2711 Hugo Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of [or] WIFE of: Marie M. Bladin

6 DATE OF BIRTH (month, day, and year): July 3/85

7 AGE — Years: 40 — Months: 8 — Days: 6 — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto 031

(b) General nature of Industry, business, or establishment in which employed (or employer): Machanic

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Bror C. Bladin

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Marie S. Diehl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Marie S. Bladin

(Address): 2711 Hugo Ave

15 Filed ....., 19 .....

CHAS. O. JONES, M. D. Registrar

10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1924, to Mar 9, 1926, that I last saw him alive on Mar 9th, 1926, and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation & cardiac decompensation hypertension

(duration) 1 yrs. 6 mos. + ds.

18 Where was disease contracted if not at place of death? New York City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Chas Cloyd Judd, M. D.

(Address) 170 Madison Ave, Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine — Date of Burial 3/12 1926

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Aliceanna St

Very Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08197

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST., 7-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Burgan

(a) RESIDENCE NO. 519 N. Washington ST., So. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, (Married), Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E. Burgan

6 DATE OF BIRTH (month, day, and year): Apr 6/65

7 AGE: Years 60 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mgr Sellers 063

(b) General nature of industry, business, or establishment in which employed (or employer): J

(c) Name of employer: Myers Co. Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Thomas Burgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boyle

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Edward Burgan

(Address): 519 N Washington

15 Filed APR 10 1926 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-9-26

17 I HEREBY CERTIFY, That I attended deceased from 2/3/26, 19 to 3/9/26, 19, that I last saw him alive on 3/9/26, 19, and that death occurred, on the date stated above, at 8 1/2 a m.

The CAUSE OF DEATH* was as follows:

Appendicitis. Acute
Peritonitis & Abscess.

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary): Pneumonia Bronchial

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? 2/4/26 Date of Yes

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Stonebraker, M. D.

, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 3/12 1926

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 08198 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 1/2 Belair Road ST., 26-1 WARD)

REGISTERED NO. 1329

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard L Wilson

(a) RESIDENCE No. 919 1/2 Belair Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos ds. How long in U. S., If of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina A Wilson

6 DATE OF BIRTH (month, day, and year): 11/27/1877

7 AGE: Years 48 Months 3 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Port Deposit Md

PARENTS

10 NAME OF FATHER: Columbus Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Port Deposit Md

12 MAIDEN NAME OF MOTHER: Mary E. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Port Deposit Md

14 Informant: Mrs Howard L Wilson

(Address) 919 1/2 Belair Road.

15 Filed 1 0 1926, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 8 1926

17

I HEREBY CERTIFY, That I attended deceased from ~~Jan 1~~ Feb 11, 1926 to Mar 8, 1926.

that I last saw h alive on Mar 8, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis & Hyper Tension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

Mar 10 1926 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 3/10 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

FROM KEY IMPRINT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

Fowler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08199

CERTIFICATE OF DEATH.

49 E 08199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Leeds ave ST., 20-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Fowler

(a) RESIDENCE NO. 22 Leed ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Fowler

6 DATE OF BIRTH (month, day, and year): Sept 26 1873

7 AGE — Years: 52 Months: 5 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer): Work at

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: C T Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington DC

14 Informant (Address): Joseph Fowler 22 Leeds ave

15 Filed 10 1926, 19 C. HAMPSON JONES, M. D. Registrar Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1925, to March 7, 1926, that I last saw he alive on March 6, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

(duration) yrs. 12 mos ds.

CONTRIBUTORY (Secondary) Cancer of Spleen

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A Evans, M. D.

, 19 (Address) 101 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Bur

DATE OF BURIAL: March 10 1926

20 UNDERTAKER: W M Rowlson

ADDRESS: 2238 N Monta

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08200

E 08200

CERTIFICATE OF DEATH.

21-3 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 W. West St., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Weems

(a) RESIDENCE NO. 512 W. West ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Weems

6 DATE OF BIRTH (month, day, and year) May - 13 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sewing machine Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Phoenix Overalls

9 BIRTHPLACE (city or town) Calvert Co

(State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Foote

11 BIRTHPLACE OF FATHER (city or town) Calvert Co

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co

(State or country) Maryland.

14 Informant Cornelia Jones

(Address) 512 W. West St

15 Filed R 10 1926 Hamilton Jones, M. D. Registrar

By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct - 1, 1925, to 3/8, 1926,

that I last saw h[illegible] alive on 3/8, 1926

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no,

What test confirmed diagnosis? Urine +++

(Signed) Dan Drumheim, M. D.

3/10, 1926 (Address) 1[illegible] E [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns. Calvert Co Md — DATE OF BURIAL 3-11 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hanover St

Spec.—1-10-21—M&T—1500 Blks.

1895 29 E 08201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08201

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Lanier

(a) RESIDENCE NO. Avon Park, Fla. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 9, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	9	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Avon Park, Fla.

PARENTS

10 NAME OF FATHER: Charles C. Lanier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Florida

12 MAIDEN NAME OF MOTHER: Clara Sheffield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Florida

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed 1 0 1926 G. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 10, 1926, that I last saw him alive on March 10, 1926, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis

4 wks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Avon Pk Florida

Did an operation precede death? yes Date of 3/1/26

Was there an autopsy? yes Diagnosis confirmed

What test confirmed diagnosis?

(Signed) A. W. Dowson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Avon Park, Florida

DATE OF BURIAL: 3/12/26

20 UNDERTAKER: Hughes & Jones Inc 411 N. Eutaw.

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08202

E 08202

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3007 W. North Ave. Ward 15-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Birely

(a) RESIDENCE NO. 3007 W. North Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Birely

6 DATE OF BIRTH (month, day, and year): May 5 1840

7 AGE — Years: 85 — Months: 10 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fredk. Co. Md.

PARENTS

10 NAME OF FATHER: Wm. Barnsparger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hannah Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant - Mrs. Cordelia Funk

(Address) 3007 W. North Ave.

15 Filed MAR 10 1926 Per C. HAMILTON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1925 to Mch 8 1926.

that I last saw her alive on Mch 8 1926

and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Kahn M. D.

3/8, 1926 (Address) 3007 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Md.

DATE OF BURIAL: Mar 11 1926

20 UNDERTAKER: Wm. Fuchner Sons

ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08203 001

CERTIFICATE OF DEATH.

13-3 74

E 08203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2620 Frances ST., 13-3 WARD)

2-FULL NAME Joseph M. James

(a) RESIDENCE NO. 2620 Frances ST.
(Usual place of abode) from time of city extension WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 7 1844

7 AGE: Years 80; Months 4; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer self.

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Abel Davis James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Mary Ellen Duncan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant (Address) Mrs Cecelia L. Miller 812 Eutaw Place

15 Filed , 19 Per Registrar

OCT 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany. 15th, 1926, to March 10th, 1926, that I last saw him alive on March 9th, 1926 and that death occurred, on the date stated above, at 7:45 A. M.*

The CAUSE OF DEATH* was as follows:

Senile Weakening & Inability to take nourishment

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertrophy & Dilation Left Ventricle

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Smith, M. D.

3/10, 1926 (Address) 1005 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 12 1926

UNDERTAKER: Wm J. Tuckwell Sons — ADDRESS: N. Y Ave

Spec.—1-10-21—M&T—1500 Blks.

E 08204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 13-4 ST., WARD)

REGISTERED NO. 100-201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen E. Jacobs

(a) RESIDENCE NO. 39 49 Roland Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
85 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER ? Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant (Address) Baltimore City Hospitals Records

15 0 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to March 9, 1926

that I last saw h alive on March 9, 1926

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. Lindsay Miller. M. D.

3/9. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL March 11 1926

20 UNDERTAKER Chas. E. Branch — ADDRESS 802 Madison Ave

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08205

E 08205

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 3-1 WARD)

REGISTERED NO. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Wood

(a) RESIDENCE NO. 921 Granby ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Francis Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Cecelia Slade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24 19 26 to March 5 19 26.

that I last saw h[illegible]live on March 5 19 26

and that death occurred, on the date stated above, at 4:40 a m

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

Aneurysm of aorta (thoracic) ante mortem

(duration) yrs. 1 (History) mos ds.

CONTRIBUTORY (Secondary) Ruptured aneurysm of aorta (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory & autopsy

(Signed) W. Lindsay Miller, M. D.

3/8. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health MAR 10 1926

Per [illegible]

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08206

CERTIFICATE OF DEATH.

90 E 08206

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. BALTIMORE CITY HOSPITALS ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Scott Fox

(a) RESIDENCE NO. 878 McElderry Court WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Fox.

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
45 Yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Tom Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Julia Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925, to March 6, 1926, that I last saw h... alive on March 6, 1926, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis (duration) 3 yrs 2 mos (History) ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. 8 mos. (History) ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

3/8, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08207 E 08207

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ST. WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus Rachuck

(a) RESIDENCE NO. 1913 Aliceanna ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1925 to March 7, 1926.

that I last saw him alive on March 7, 1926

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (Glioma)

(duration) yrs. 5 mos (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Johns Hopkins

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

3/8, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08208

74-001

E 08208

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 239 Myrtle Ave St., 4-1 Ward)

2-FULL NAME Thomas Wilkes

(a) RESIDENCE NO. 239 Myrtle Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Wilkes

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 44 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chemical Co

9 BIRTHPLACE (city or town) York Penn.

(State or country) S. C.

10 NAME OF FATHER Thomas Wilkes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Lizzie Wilkes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S. C.

14 Informant Thomas Wilkes

(Address) 239 Myrtle Ave.

15 Filed G. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 7th 192 6

17 I HEREBY CERTIFY that I viewed the remains described above, held an Inq May

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inq May (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) H. A. Loder M. D.

(Coroner)

Mar 10 1926 (Address) 3601 Eu

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery Date of Burial Mar 10 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1325 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

E 08209

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001 E 08209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital. 25-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. WARD)

2-FULL NAME Beulah Katherine Rossin.

(a) RESIDENCE NO. 415 N. 1st St. Brooklyn. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	21	5	15 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales girl. 067

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Essinbys.

9 BIRTHPLACE (city or town) (State or country) Pekin, Illinois.

PARENTS

10 NAME OF FATHER Harry B. Rossin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois.

12 MAIDEN NAME OF MOTHER Mary Edwards.

13 BIRTHPLACE OF MOTHER (city or town) Chicago (State or country) Ill.

14 Informant Mary Edwards. (Address) 415 1st St. Brooklyn.

15 1926 C. HAMPSON JONES, M. D. Per B.R.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1926, to Mar. 9, 1926, that I last saw her alive on Mar. 9, 1926, and that death occurred, on the date stated above, at 8:42 a. m.

The CAUSE OF DEATH* was as follows:

Toxic Migraid

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Post. operative pneumonia. (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Mar. 5th 1926

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Arthur York, M. D.

3-9, 1926 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL March 11th 1926

20 UNDERTAKER F. Schloman & Son ADDRESS 1134 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 08210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08210

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E Biddle ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J Dolan

(a) RESIDENCE NO. 917 E Biddle ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. John H. Dowd
(Address) 917 E. Biddle St

15 Filed 0 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1926 to Mar 7, 1926
that I last saw h alive on Mar 7 1926
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar. 11 1926

20 UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Grummbre

E 08211

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 08211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Gen. Hosp. WARD) 21

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul E. Boudreaux

(Residence in Baltimore: No. 1712 E. Pratt St. St.: yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 22, (Day) 1900 (Year)

7-AGE, 25 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician's Helper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), La.

PARENTS.

10-NAME OF FATHER, Henry J. Boudreaux

11-BIRTHPLACE OF FATHER (State or Country), La.

12-MAIDEN NAME OF MOTHER Adeline Thomas

13-BIRTHPLACE OF MOTHER (State or Country), La.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred W. Eckels

(Address) 24 Ashley Ave.

15-

Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7, (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Electrocution (accidental)

(Duration) ....yrs...., mos. 2 ds.

CONTRIBUTOR (Secondary) Working in oil tanks

(Duration) ....yrs....mos....ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

March 9, 1926 (Address) 2802 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, First Evangelical Cemetery — DATE OF BURIAL, March 11, 1926

20-UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS 1710 Fleet St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08212

CERTIFICATE OF DEATH.

X 100-001 E 08212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arnid Ave - ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Warren Gelwicks jr.

(a) RESIDENCE NO. Gettysburg Penn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

PARENTS

10 NAME OF FATHER J. Warren Gelwicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Ethel Musty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 1926, to 3-10, 1926, that I last saw him alive on 3-9, 1926, and that death occurred, on the date stated above, at 1:10 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumothorax

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/9/26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin M Foster M. D.

, 19 (Address) Arnid Ave & Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant J Warren Gelwicks

(Address) Gettysburg Pa

15 0 1926 C. HAMPSON JONES, M. D. Registrar

Par RAW

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Emmitsburg Md

DATE OF BURIAL 3/11 1926

20 UNDERTAKER (Father) J Warren Gelwicks

ADDRESS Gettysburg Pa

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08213

CERTIFICATE OF DEATH.

74-201 E 08213

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mar Cor Balto & Holliday St. 1504 Ward)

2-FULL NAME Edward W. Wales

(a) RESIDENCE NO. 2824 6 North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): April 22 1859

7 AGE: Years 66 Months 10 Days 15

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Wesley Wales

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Julia Wales

(Address):

15 Date: 1926 16 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mch 9 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral

sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 19 26 (Address) 103 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial March 12 1926

20 UNDERTAKER: J Henry Lutz ADDRESS 1203 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

Mary

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08214

CERTIFICATE OF DEATH.

100-E 08214

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3020 West North ST. (WARD) 15-7

2-FULL NAME Amelia Allen

(a) RESIDENCE No. 3020 West North ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Allen

6 DATE OF BIRTH (month, day, and year): 4-25-1867

7 AGE: Years 61 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John C. Bauman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rika Kull

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Baldwin

(Address) 3020 W. North

15 Filed 0 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-6, 1926, to 3-6, 1926, that I last saw h[illegible] alive on 3-6, 1926, and that death occurred, on the date stated above, at 10:50 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis - Beginning Broncho-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. H. Wenig M. D.

, 19 (Address) 4110 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 3/11 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 501 E North

E 08215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08215

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. Franklin Sq Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles G. Chapman

(Residence in Baltimore: No. 1216 W. Fayette St.; yrs. private mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: About 70 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert J. Chapman

(Address) 103 Elizabeth ave Lansdowne, Md

15-

Filed ... 1926 C. HAMSON JONES, M. D. Registrar.

Per ...

D 1926

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH March 9 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, and find that said deceased came to his death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ... yrs. ... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Leg fracture Auto accident

(Duration) Feb 6-26 yrs. mos. ds.

(Signed) Thos. J. Norton M. D. (Coroner)

Mch 10- 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Fatal Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: 3/11 1926

20-UNDERTAKER: New Coop ADDRESS 502 E Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08216

CERTIFICATE OF DEATH.

129 E 08216

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1227 Myrtle Av St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anne Maria Smith

(a) Residence No. 1227 Myrtle Av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William Smith

6-DATE OF BIRTH (month, day and year) 1853

7-AGE. 73 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED.
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). None
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md

PARENTS.

10-NAME OF FATHER. Jonathan Knod

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER. Eliza Stewart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-Informant. William Smith

(Address) 1227 Myrtle Av

15-Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 9 1926

17-I HEREBY CERTIFY, That I attended deceased from Mar 7 1926 to Mar 9 1926

that I last saw h[illegible] alive on Mar 9 1926

and that death occurred, on the date stated above, at 8 Am

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Claude M D

Mar 9 1926 (Address) 1 S or Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3/11 1926
20-UNDERTAKER. Samuel Easton	ADDRESS 916 Penna Av

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08217

CERTIFICATE OF DEATH.

129 E 08217

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 205 Stockton St. 18-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gross.

(a) RESIDENCE NO. 205 S Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 45 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER: Richard Gross

11 BIRTHPLACE OF FATHER (city or town): Ind.

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Ashley

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Agnes Gross

(Address) 205 S Stockton St.

MAR 11 1926

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1926 to March 9 1926 that I last saw h[illegible] alive on Mch 8 1926, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

Signed) H. S. McCard, M. D.

3/10 1926 (Address) 2005 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial 3/12 1926

20 UNDERTAKER: Daniel Easton ADDRESS 916 Penna Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08218

CERTIFICATE OF DEATH.

6-2 66

E 08218

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Svoboda

(a) RESIDENCE NO. 215 N. Wolfe St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Svoboda

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Svoboda

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Anna Svoboda (wife)

(Address) 814 Belnord Ave

15 Filed 19 C. HAMPTON JONES, M. D.

NOV 11 1926 By RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8/26 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Autopsy by H.J. Maldeis, M.D. City Post Morten Physician)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. J. Maldeis, M. D.

(Coroner)

3/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Date of Burial Nov 11 1926

20 UNDERTAKER Hurst Evans & Son ADDRESS 1906 Eastland

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08219

CERTIFICATE OF DEATH.

129 E 08219

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 N Highland Ave St., 26-3 Ward)

2-FULL NAME Frank Dvorak

(a) RESIDENCE NO. 622 N. Highland Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Dvorak

6 DATE OF BIRTH (month, day, and year): 1st known

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) _____ (State or country) Bohemia

PARENTS

10 NAME OF FATHER: John Dvorak

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Bohemia

12 MAIDEN NAME OF MOTHER: Marie Broad

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Bohemia

14 Informant: Barbara Dvorak (Address) 622 N. Highland Ave

15 Filed ..... 19 ..... Registrar

R 1 1 1926 HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from January 9, 1925, to March 8, 1926, that I last saw him alive on March 8, 1926, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted? Unknown

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical Examination

(Signed) Albert Degenberg M. D.

3/9, 1926 (Address) 2007 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudan Park — Date of Burial: Mar 11 1926

20 UNDERTAKER: Frank E. Brack Son — ADDRESS: 1906 Eastland Ave

Spec.—3-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08220

CERTIFICATE OF DEATH.

90 E 08220

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1429 (ST.) Bolton (WARD) 14-1

2-FULL NAME Sarah T. H. Emory.

(a) RESIDENCE NO. 1429 (ST.) Bolton (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7 1831

7 AGE: Years 95 | Months 1 | Days 4 | If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centreville md

PARENTS

10 NAME OF FATHER: Dr Thomas A Emory

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Anne N Emory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Sallie E Wilmer

(Address) 1429 Bolton St

15 Filed: ART 1 1926 Registrar: R.H. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Time of death, 19 ,

that I last saw her alive on about Feb 15th, 1926,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Myo-carditis with Arterial sclerosis

(duration) number of years yrs. mos ds.

CONTRIBUTORY (Secondary) Syncope with coma 3 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? ~ Date of ~

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) J. King B. E. Seegar, M. D.

, 19 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loyola Mount Cem — DATE OF BURIAL: March 11 19 26

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1301 N Fayette

Cor.—12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08221

CERTIFICATE OF DEATH.

× 90

E 08221

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 149 rear of Calvin St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L (Linda or Lenda) Brankley

(a) RESIDENCE NO. Norfolk Va. Rear of 149 Calvin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Brankley

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28 to 30	yrs.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman on S.P.

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Marines

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Noland Brankley

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Anna Anderson

(Address) 124 N. Eutaw

15 Filed ..... 19 ..... Registrar

NOV 11 1926

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular dis heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly M. D.

(Coroner)

Nov 6, 1926 (Address) 1632 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

Date of Burial 11/13/26

20 DE... Louis Kelly

ADDRESS 59 Biddle

Spec.—1-10-21—M&T—1500 Bks.

Scale 2435 Maryland

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08222

CERTIFICATE OF DEATH.

83

REGISTERED NO. E 08222

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2214 Oak ST. 12-W WARD)

2-FULL NAME Lucinda Ede

(a) RESIDENCE NO. 2214 Oak Street ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced (or) WIFE of: John E. Ede

6 DATE OF BIRTH (month, day, and year): Nov 15. 1842

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
83	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co Maryland

PARENTS

10 NAME OF FATHER: Andrew Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co = Md =

12 MAIDEN NAME OF MOTHER: Elizabeth Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Maryland

14 Informant: Georgia Art (Address) 2210 Oak Street

15 Filed ..., 19... C. HAMPTON JONES, M. D. Registrar

1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1920, to March 10, 1926, that I last saw her alive on March 9, 1926, and that death occurred, on the date stated above, at 9 05 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral apoplexy

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. M. Gribb, M. D.

3/11, 1926. (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

DATE OF BURIAL: 3/13 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 562 E Nor

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08223

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 (Penn Ave) (St.) 14-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Nalle

(a) RESIDENCE. NO. 1410 Penn Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 9 Year 1866

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Henry Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Alice Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Bessie Brown
(Address) 1410 Penn Ave

15 Filed 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to March 10, 1926, that I last saw her alive on Mar-10, 1926, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Thos. J. Wedderburn, M. D.

3-11 1926 (Address) 703 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Remington Va

DATE OF BURIAL: March 11 1926

20 UNDERTAKER: Thos. H. Chase & Son

ADDRESS: 1406 Mosher

H 1329

E 08224

Sp[illegible] P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08224

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Penna a ve ST. 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Irene Lewis

(a) RESIDENCE. NO. 1841 Penna a ve ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 30, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Helen Faust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Graham N. C.

14 Informant Helena Lewis

(Address) 1841 Penna ave

15 Filed APR 1 1926 HAMPSON SAPPINGTON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 — 10 — 1926

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1926 to March 10, 1926, that I last saw her alive on March 10 — 1926 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Marcellus E. Toney, M. D.

3-11-1926 (Address) 1445 N. Carey st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL March 11 1926

20 UNDERTAKER Saml. H. Chase Son — ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08225

CERTIFICATE OF DEATH.

E 08225

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles M. Scott

(a) RESIDENCE NO. 1415 Eastern Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Charles Scott

11 BIRTHPLACE OF FATHER (city or town) France (State or country)

12 MAIDEN NAME OF MOTHER Mary Hensey

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAR 1 1926 HAMILTON JONES, M. D. Registrar

Per RJK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 9, 1926, that I last saw him alive on March 9, 1926 and that death occurred, on the date stated above, at 6:20 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis

(duration) 1 yrs. 8 mos (History) ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1 mos. (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Hiller, M. D.

3/10. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Mch. 11 1926

20 UNDERTAKER Wm. C. Blacke ADDRESS 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08226

CERTIFICATE OF DEATH.

17 E 08226

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2434 Maryland Avenue ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma S. Morris

(a) RESIDENCE NO. 2434 Maryland Avenue ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? 77 yrs. 4 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R. W. Norris Jr.

6 DATE OF BIRTH (month, day, and year) October-14-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob T. Oster

11 BIRTHPLACE OF FATHER (city or town) Lansaster Co.
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Sarah Lusk

13 BIRTHPLACE OF MOTHER (city or town) York Co.
(State or country) Penna.

14 Informant Mr. Harry O. Norris (son)
(Address) South Avenue Mt. Washington.

15 Filed 1 T 1926, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-4-, 1926. to 3-9-, 1926.

that I last saw h[illegible] alive on 3-9, 1926.

and that death occurred, on the date stated above, at 8:10 A. m.

The CAUSE OF DEATH* was as follows:

Senile arterio sclerosis with hypertention
Chronic nephritis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis fatal.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) S. Senger, M. D.

3-9. 1926 (Address) 6604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Mar-11-26 19

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08227

2 ME 08227

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 N. Carey. ST., 16-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Holland

(a) RESIDENCE NO. 840 N. Carey ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Holland.

6 DATE OF BIRTH (month, day, and year) Feb 7-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. O.K.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co, Md.

PARENTS

10 NAME OF FATHER Wm Holland

11 BIRTHPLACE OF FATHER (city or town) Prince George Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Lydia Simms

13 BIRTHPLACE OF MOTHER (city or town) Prince George Co. (State or country) Md.

14 Informant Lettie Holland. (Address) 840 N Carey St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9- 1926

17

I HEREBY CERTIFY, That I attended deceased from March 4- , 1926 , to March 9 , 1926 , that I last saw him alive on March 8- , 1926 , and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & physical signs

(Signed) Chester Riland, M. D.

3-9-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Mar 12 1926

20 UNDERTAKER Mrs R. G. Elliott — ADDRESS 1725 Ashland

MAR 9 1926

RK

Spec.—1-10-21—M&T—1500 Bks.

E 08228

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 08228

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3112 Talbott (St.) 12-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Carey

(a) RESIDENCE NO. 3112 Talbott ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Work (?)

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Walter Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Brown (Address) 3112 Talbot St.

15 Filed APR 1 1926 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to March 6, 1926, that I last saw h[illegible]live on March 6, 1926 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe + Acute Nephritis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pneumonia (Left Lung)

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. Gabriel Caldwell, M. D.

, 19 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville Va — DATE OF BURIAL Mar 11 1926

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1725 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08229

CERTIFICATE OF DEATH.

90 E 08229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Poppleton ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Bailey

(a) RESIDENCE NO. 311 Poppleton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joe Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs. Alfred Bailey (Address) 311 Poppleton St.

15 Filed ... 19 ... C. HAMPSON JONES, M.D. Registrar

R 1 T 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to Mch 9, 1926, that I last saw h[illegible] alive on Mch 8, 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy & dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard M. D.

3/10, 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: Mar 12 1926

20 UNDERTAKER: Mrs Oda Swindler — ADDRESS: 1705 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08230

CERTIFICATE OF DEATH.

31 E 08230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2120 Jefferson ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Mnich

(a) RESIDENCE NO. 2120 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Mnich

6 DATE OF BIRTH (month, day, and year): Nov 11 - 1873

7 AGE — Years: 52 — Months: 3 — Days: 21 — If LESS than 1 day, hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Eliz. Dell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frederick Mnich

(Address) 2120 Jefferson St.

15 Filed , 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 10 1926

17

I HEREBY CERTIFY, That I attended deceased from October, 1925, to March 10, 1926.

that I last saw h alive on March 10, 1926,

and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

3 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Dementia

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Mar 10, 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Mar 13 1926

20 UNDERTAKER: Geo M Arnold Son

ADDRESS: 811 Walk St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08231 — CERTIFICATE OF DEATH. — 31 E 08231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E Monument St., 7-1 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Milburn

(a) RESIDENCE NO. 1507 E Monument St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Leon Milburn

6 DATE OF BIRTH (month, day, and year) June 12 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28 29	29	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 037

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Daniel Wilgus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alberta Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Leon Milburn (husband)
(Address) 1507 E Monument

15 Filed MAR 11 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926, to March 8, 1926, that I last saw alive on March 8, 1926, and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Laryngitis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R Lyle, M. D.

Mar 13, 1926 (Address) 843 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Mar 11 1926

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1232 Eastern Ave

Registrar HAMPSON JONES, M. D.
Per LK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 08232

1-PLACE OF DEATH ~~E 08232~~ 6-3 160 E 08232

REGISTERED NO.

CITY OF BALTIMORE: (No. 2601 E. Fayette ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marvin Earl Ingram

(a) RESIDENCE No. 2601 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20 25

7 AGE Years Months 2 Days 20 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work GND

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Marvin R. Ingram

11 BIRTHPLACE OF FATHER (city or town) Middleburg (State or country) Va.

12 MAIDEN NAME OF MOTHER Ruth Sutton

13 BIRTHPLACE OF MOTHER (city or town) Middleburg (State or country) Va.

14 Informant Marvin R. Ingram (Address) 2601 E. Fayette

15 Filed MAR 11 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to March 9, 1926, that I last saw him alive on March 9, 1926, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Extreme Malnutrition

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

March, 1926 (Address) 2002 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL March 12 1926

20 UNDERTAKER Jos. J. Iden ADDRESS 1576 N. Luzerne

R T 1520

Spec.—1-10-21 M&T 1500 Blks.

E 08233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 08233

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-2nd WARD)

2-FULL NAME Margaret Flynn.

(a) RESIDENCE NO. Preston & Bacley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb. 3, 1866

7 AGE: Years 60 Months 1 Days 6 If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Not known

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Ann Holleran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Sister Florence

(Address): Preston & Bacley

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9-26

17 I HEREBY CERTIFY, That I attended deceased from No record, 19 ... to ..., 19 ...

that I last saw her alive on Feb 7, 1926,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

11th 9/26, 19 (Signed) F. A. Warner, M. D.

(Address) 1133 Bacley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Mar. 12, 1926

20 UNDERTAKER: Edmund D. Conklin — ADDRESS: 924 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 08234 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08234

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Rosewood Ave ST., 15-3 WARD)

REGISTERED NO. 11-06

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosina L Gallagher

(a) RESIDENCE NO. 2611 Rosewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James A. Gallagher

6 DATE OF BIRTH (month, day, and year): 4/14/98

7 AGE: Years 27 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Albert Schaar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 11, 1926,

that I last saw h[illegible] alive on March 10, 1926,

and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 1 yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) 1 yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual methods

(Signed) George C. Shannon, M. D.

3/11, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Margaret Herr 1606 Pennsylvania Ave

15 1 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: March 13 1926

20 UNDERTAKER: Charles Fahey & Son

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 08235

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 08235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 13-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin O'Shea

(a) RESIDENCE NO. 3129 Cedar av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Phillip O'Shea

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Symiss

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals (Address) Reeds

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per R.R.N.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9th 26

17 I HEREBY CERTIFY, That I attended deceased from Feby 28, 1926, to March 9, 19 26, that I last saw him alive on March 9, 19 26 and that death occurred, on the date stated above, at 3:70 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

3/10/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampstead DATE OF BURIAL 3/12 1926

20 UNDERTAKER J Walter Davis ADDRESS 330 Fremont

E 08236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08236

CERTIFICATE OF DEATH.

Registered No. C 38

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 Franklin Sq. Hospital-5 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mildred G. Purdy

(Residence in Baltimore: No. 2560 Druid Park Drive St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. Oct 2nd (Month) (Day) 1901 (Year)

7-AGE. 24 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). 070

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Keefer Purdy

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Eva B. Kinee

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva B. Purdy

(Address) 2560 Druid Park Drive

15-

Filed 1926 C. HAMPSON JONES, M. D. 192

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 9th (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained thereat and ..... find that said deceased came to her death (Inquest, Autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows:

Shock from Intra Venous Injection Salvarsan

(Duration) 15 Minutes

CONTRIBUTORY (Secondary) Syphilis (Duration) Unknown ds.

(Signed) Thos. B. Horton M. D. Coroner

Mch 10 1926 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL. ST. MARYS, HAMPDEN DATE OF BURIAL. MAR 13th 1926

20-UNDERTAKER. Robert Brookseder ADDRESS 609 CALHOUN HOLLINS

Spec.—1-10-21—M&T—1500 Bks.

E 08237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08237

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 S Smallwood St. (Ward) 20-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P Kellien

(a) RESIDENCE NO. 16 S Smallwood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22 1870

7 AGE: Years 55 Months 2 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Falls City

(c) Name of employer Water Dept

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER John Kellien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Tom Kellian

(Address) 16 S Smallwood St

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Per RFN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/26 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to 3/9/26, 19

that I last saw h alive on 3/9/26, 19

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 11 mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/9, 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cem

DATE OF BURIAL: 3-13 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun-Hollins sts

Spec.—1-10-21—M&T—1500 Bks.

E 08238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08238

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 W. North Ave St., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Letta Oppenheim

(a) RESIDENCE NO. 1209 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jacob Oppenheim

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Konrad Leirc

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr. Gus Oppenheim 1209 W. North Ave

15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to March 10 , 1926,

that I last saw her alive on March 5 , 1926,

and that death occurred, on the date stated above, at 4, A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. S. Love M. D.

3/, 1926 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chet Shalom Cem.

DATE OF BURIAL: 3/12/ 1926.

20 UNDERTAKER: David Sondheim

ADDRESS: 118-20 W. North Ave Royal Ave

JUSTINE W. KANN

Spec.—1-10-21—M&T—1500 Bks.

E 08239 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08239

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1928 N. North Ave ST. 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Justine W. Kann

(a) RESIDENCE NO. 1928 N. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred In Balto yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6/1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Kann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence F. Wexler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Joseph Kann

(Address) 1928 N. North Ave

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feby 26, 1926, to March 11, 1926, that I last saw her alive on March 11, 1926, and that death occurred, on the date stated above, at 3.25 m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis F. Hamburger, M. D.

March 11, 1926 (Address) 1707 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

DATE OF BURIAL: 3/13/1926

20 UNDERTAKER: Reid Sondheim

ADDRESS: 115-20 W. Mt Royal Ave

Spec. 31-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 08240 — 65 — E 08240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 18-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hattie Hudson

(a) RESIDENCE No. 105 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Hudson

6 DATE OF BIRTH (month, day, and year): Oct 1898

7 AGE: Years 27 — Months 5 — Days — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Johnsend

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Savinia Say

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed 1 1926 G. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1926, to Mar 11th, 1926, that I last saw her alive on Mar. 11th, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? yes Date of 2/11/26

Was there an autopsy? yes

What test confirmed diagnosis? Biopsy

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millington md — DATE OF BURIAL: March 12 26

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08241

E 08241

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 N. Schroeder St. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton O. Sheckells,

(a) RESIDENCE No. 645 N? Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed,~~ or ~~Divorced,~~ (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ Mamie Sheckells,

6 DATE OF BIRTH (month, day, and year) February 22, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	51	-	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman 073

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R R

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John O. Sheckells,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rebecca J. Price,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant (Address) Mrs. Mamie Sheckells, 645 N. Schroeder St.

1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1925, to Mar 11, 1926, that I last saw him alive on Mar 10th, 1926, and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. E. Kemper, M. D.

19 (Address) 1043 Poplar Grove

MAR 11 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL MAR 15 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 2708 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

08242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08242

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH West Balto. Gen. Hosp. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 16 WARD)

2-FULL NAME John P. New

(a) RESIDENCE NO. 1407 Poplar Grove St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~: Amelia C. New

6 DATE OF BIRTH (month, day, and year): April 9 1857

7 AGE — Years: 68 — Months: 10 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Peter New

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Regina Kostner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): John P. New 1407 Poplar Grove St.

15. Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/2/26, 19... to 3/11/26, 19...

that I last saw him alive on March 11, 1926,

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows: Hypertrophy Prostate Gland Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cut bladder neck

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home 8 hrs.

Did an operation precede death? yes Date of 3/11/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) R. W. McGregor, M. D.

19 (Address) Vet Adm Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park DATE OF BURIAL: MAR 13 1926, 19...

20 UNDERTAKER: Geo W Little ADDRESS: 2700 EDMONDSON AVE

1926 C. HARRISON JONES, M. D.

For

(Caroline M. Morgan)

E 08243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08243

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE (No. 3413 Liberty Heights St.; 15th WARD) — REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline M. Morgan

(Residence in Baltimore: No. 3413 Liberty Heights St.; yrs. 61 mos. 2 ds. 8)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan (Month) 1 (Day), 1863 (Year)

7-AGE: 61 yrs. 2 mos. 8 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Thos Storey

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Jane Score

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pitt T. Morgan

(Address) 3413 Liberty Heights

15- Filed ..... 191.....

C. HAMPTON JONES, M. D.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 2 (Day), 1924 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Jones M. D. (Coroner.)

(Address) 1801 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 4 1924

20-UNDERTAKER: Wm. H. Little & Sons — ADDRESS 2706 Harford

Spec.—1-10-21—M&T—1500 Blks.

Hom 1926 — Samuel Crawford, Southern

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08244

CERTIFICATE OF DEATH.

90 E 08244

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) N.W. Corner Fremont St. Federal WARD)

2-FULL NAME Emma V. Haight

(a) RESIDENCE NO. N.W. Corner Fremont St. Federal WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced (or) WIFE of Wm. B. Haight

6 DATE OF BIRTH (month, day, and year) 6-21-1840

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel M Lawder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Buchman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Cornelia C Haight

(Address) Fremont & Federal

15 Filed 1-1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Mar 10, 1926, that I last saw h[illegible]ive on Mar 9, 1926, and that death occurred, on the date stated above, at 8:50 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruns, M. D.

3/11, 1926 (Address) 4716 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/12 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nad

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08245

CERTIFICATE OF DEATH.

31 E 08245

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 2nd (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Westcamp (westercamp)

(a) RESIDENCE NO. 828 Grundy st. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
42	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work driver 73

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Pat. K. Westcamp

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie McPhillips

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address) C. HARRISON CONN, M.D.

15 Filed 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 19 26

17

I HEREBY CERTIFY, That I attended deceased from December 21, 19 25 to Feb. 11, 19 26,

that I last saw him alive on Feb. 11, 19 26,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Dunbar, M. D.

2-11-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Mar 15 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 E Fayette

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08246

CERTIFICATE OF DEATH.

101-001

101 E 08246

1-PLACE OF DEATH

City of BALTIMORE: (No. 5605 York Road St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane -E- Pfeltz

(a) Residence No. 5605 York Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 6-17-1924

7-AGE. 1 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS

10-NAME OF FATHER Russell M. Pfeltz

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Emma Skinner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

11- (Informant) Russell Pfeltz

(Address) 5605 York Road

15- Filed ..... 192.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-11-26

17- I HEREBY CERTIFY, That I attended deceased from March 4 1926 to March 11 1926

that I last saw h alive on March 11 1926

and that death occurred, on the date stated above, at 4.45 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. L. Bishop M. D.

March 1926 (Address) 501 Church

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL. 3/13/1926

20-UNDERTAKER. Wm Cook

ADDRESS 502 E North (Bal)

Spec.—1-10-21—M&T—1500 Bks.

E 08247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08247

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Marlin Ave ST. V 3 3 WARD)

2-FULL NAME James E Collins

(a) RESIDENCE NO. 1426 Marlin Ave ST., B WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Feb 6 1852

7 AGE: Years 74 Months 1 Days 5 If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer): 0.75

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jack Hall

(Address) 1426 Marlin Ave

15 Filed 1926 G HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 - 1925, to March 11, 1926.

that I last saw h[illegible] alive on March 10, 1926

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) C. F Campbell M. D.

3-11, 1926 (Address) 3701 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cemetery — DATE OF BURIAL: March 13 26

20 UNDERTAKER: Edmondson & Son — ADDRESS: 361 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08248

CERTIFICATE OF DEATH.

100 E 08248

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Wood year ST. 16-6 WARD)

2-FULL NAME Elizabeth Coates

(a) RESIDENCE NO. 1105 Wood year ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: James Coates

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: 61

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Nome of employer —

9 BIRTHPLACE (city or town) (State or country): Essex Co Va

PARENTS

10 NAME OF FATHER: James Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co Va

12 MAIDEN NAME OF MOTHER: Martha Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co Va

14 Informant (Address): Lucy Williams 1844 Carey

15 1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 9, 1926

that I last saw her alive on March 9, 1926

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. T. Howell M. D.

3/9/1926 (Address) 119 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem — DATE OF BURIAL: Mar 12 1926

20 UNDERTAKER: Adolphus Halsted — ADDRESS: 704 E Lanvale St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08249

CERTIFICATE OF DEATH.

E 08249

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2753 Maryland Ave. St. 12-3 Ward)

2-FULL NAME Charles Kenneth Stevens

(a) RESIDENCE NO. 2753 Maryland Ave. St. Ward Harrisburg Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna Stevens

6 DATE OF BIRTH (month, day, and year) Aug. 2nd. 1899

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
26	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager Woolworth's

(b) General nature of industry, business, or establishment in which employed (or employer) 5 & 10¢ Store.

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio

(State or country)

PARENTS

10 NAME OF FATHER Charles J. Stevens

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Alice R. Walters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio.

14 Informant Anna Stevens (Address) 2753 Maryland Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

T 1926 For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1st 1926 to March 11th 1926, that I last saw him alive on March 11th 1926, and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Influenzal (Gangrie) Type)

(duration) ✓ yrs. ✓ mos. 11 ds.

CONTRIBUTORY ✓

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) E. M. McElfan M. D.

3.11.1926 (Address) 1515 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg, Pa. Date of Burial 3/12 1926

20 UNDERTAKER Chas P. Faus & Son ADDRESS 1180 N. Howard St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08250 E 08250

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. WARD) 7-V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Burnett

(a) RESIDENCE NO. 1614 Thames St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 1, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Burnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Viola Carisle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Viola Carisle (Address) 1614 Thames st.

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to March 11, 1926, that I last saw her alive on March 11, 1926, and that death occurred, on the date stated above, at 4 00 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 32 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron E. Tull, M. D.

3/11 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	3/13 1926.
20 UNDERTAKER L. P. Funkhauser	ADDRESS 2620 St Paul.

Spec.—1-10-21—M&T—1500 Bks.

For Cemetery

E 08251

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 08251

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1848 N Chester ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard F. Finney

(a) RESIDENCE NO. 1848 N. Chester St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Finney.

6 DATE OF BIRTH (month, day, and year): Sept. 17 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
56		5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer): Baker. 011

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Hugh Finney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt

12 MAIDEN NAME OF MOTHER: Mary Friedman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary A. Finney

(Address): 1848 N. Chester

15 Filed MAR 12 1926

16 Registrar: C. HAMPTON JONES, M.D.

For: K.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10 1926

17 I HEREBY CERTIFY, That I attended deceased from February 26 1926 to March 10 1926, that I last saw him alive on March 10 1926 and that death occurred, on the date stated above, at 730 A.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

adv

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M. D.

3/11 1926 (Address) 2027 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 13 1926

20 UNDERTAKER: Geare & Ruth — ADDRESS: 1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08252 — 89 — E 08252

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1666 Clift Kinsale WARD)

2-FULL NAME James a. Wells.

(a) RESIDENCE NO. 1666 Clift Kinsale WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara R. Wells

6 DATE OF BIRTH (month, day, and year): Sept. 1862

7 AGE: Years 63 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: U. S. army.

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: U. S. 31 years

9 BIRTHPLACE (city or town) (State or country): Ohio.

PARENTS

10 NAME OF FATHER: James a. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Mrs Clara R. Wells

(Address): 1666 Clift Kinsale

15 Filed MAR 12 1926 19 ..... HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to March 8, 1926, that I last saw him alive on March 8, 1926 and that death occurred, on the date stated above, at 11-15 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Tate Hall, M. D.

Mch 12 1926 (Address) 1631 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: March 12 1926

20 UNDERTAKER: Geo. F. Pute

ADDRESS: 1735 Harford Av

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08253

CERTIFICATE OF DEATH.

90

E 08253

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 76-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Fannie Elliott

(a) RESIDENCE NO. 3415 E Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE. 64 Years	Months	Days	If LESS than 1 day, hrs or min.
74 years			
64 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER George McConnell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER —— ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Baltimore City Hospitals
(Address) Records

15 Filed MAR 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to March 10, 1926,
that I last saw her alive on March 9, 1926,
and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis general
2 cerebral
Chronic Myocarditis ?
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Lund, M. D.

3-11-, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Mar 12 1926

20 UNDERTAKER Bus & Mullet Inc 2337 Jeffer[illegible] — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08254

CERTIFICATE OF DEATH.

44 E 08254

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital WARD)

2-FULL NAME John Jordan

(a) RESIDENCE NO. 1915 N Register ST., WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy E Jordan

6 DATE OF BIRTH (month, day, and year): 6/15/1869

7 AGE: Years 56 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John C. Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Lucy Jordan

(Address): 1915 N Register St

15 Filed MAR 2 1926, 19 C. HAMILTON JONES, M. D. Registrar

For DK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1926, to March 10, 1926, that I last saw him alive on March 19, 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) four Months

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) B M Rhodes, M. D.

March 10, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: March 13 1926

20 UNDERTAKER: Geo. L. Ruth

ADDRESS: 1235 Harford Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08255 E 08255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. ST. 5-7 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Henderson

(a) RESIDENCE NO. 1148 N. Eldeny ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE: Years 30 Months — Days —
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O'P
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Phillip Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Cicle Henderson 1143 N. Eldeny St.

15 Filed 1-2 1926 G. HAMPTON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 19 26, to Mar 10, 19 26,
that I last saw h alive on Mar 10, 19 26,
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:
Streptococcic Septicemia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1143 N. Eldeny St.
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) Clement Harris, M. D.
19 (Address) 84 S. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: March 12 1926

20 UNDERTAKER: Jos. T. H. Rochester — ADDRESS: 1413 Jefferson St

Spec.—1-10-21—M&T 1500 Blks.

(Mueller)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08256

CERTIFICATE OF DEATH.

127 E 08256

1-PLACE OF DEATH Hebrew Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No. 6 ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Muller

(a) RESIDENCE NO. 403 N. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 5 1890

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Bernhard Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Antonette Munic

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Bernhard Mueller

(Address) 403 N. Chester St

15 Filed ... 19 ... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-9 1926 to 3-11 1926

that I last saw him alive on 3-11 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Uraemia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Victor Vecki M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Mar 5 1926

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec. 1-10-21—M&T 1500 Bks.

E 08257 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 08257

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1523 Ainsworth ST., 9-7 WARD)

2-FULL NAME Clarence H Hunsberger

(a) RESIDENCE NO. 1523 Ainsworth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary J Hunsberger

6 DATE OF BIRTH (month, day, and year) July 18th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wireworker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Montgomery Co Pa

PARENTS

10 NAME OF FATHER William Hunsberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary A Hendricks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mary J Hunsberger

(Address) 1523 Ainsworth st

Filed MAR 12 1926 HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10-1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to 3/10, 1926, that I last saw h living on 3/10, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Ch Parenchymatous Nephritis

(duration) yrs. 4 mos de.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. de.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A G Hornstein, M. D.

3/11, 1926 (Address) 733 Ainsworth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forestdale Montgomery Co Pa

DATE OF BURIAL Mar 13th 1926

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

Spec.—1-10-21—M&T—1506 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08258

CERTIFICATE OF DEATH.

44 E 08258

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N. Carey ST. 18-1 WARD)

2-FULL NAME Frances Clentonia Rutter

(a) RESIDENCE NO. 303 N. Carey. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 6-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired School teacher.

(b) General nature of industry, business, or establishment in which employed (or employer) 0685

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co, Md.

PARENTS

10 NAME OF FATHER Hanson Pennington Rutter

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Hemick

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Florence Rutter (Address) 303 N. Carey St.

15 Filed 1 2 1926, 19 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11- 1926.

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1926, to March 11-, 1926, that I last saw her alive on March 9-, 1926, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) about 1 year yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

3-11-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Mar 13 1926

20 UNDERTAKER George F. Smith ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08259

CERTIFICATE OF DEATH.

44 E 08259

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 E Lombard St., 21 WARD)

2-FULL NAME Joseph W Roycroft

(a) RESIDENCE NO. 1811 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Roycroft

6 DATE OF BIRTH (month, day, and year) Nov 15th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary A Roycroft

(Address) 1811 E Lombard

15 Filed MAR 12 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6 1925 to Mch 11 1926

that I last saw him alive on Mch 10 1926

and that death occurred, on the date stated above, at 3:50 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Abdt (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) " " " "

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~No~~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Leo J Keller M. D.

3/17 1926 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 15 1926

20 UNDERTAKER Wendell Oppelson — ADDRESS 378 Mun

Spec.—1-10-21—M&T—1500 Bks.

John Bien

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08260

E 08260

CERTIFICATE OF DEATH.

5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Belair Rd. St., 17-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bien

(a) RESIDENCE NO. 400 N. Belair Rd., Raspeburg, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bien

6 DATE OF BIRTH (month, day, and year) Dec. 9th, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	84	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement & Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

084

9 BIRTHPLACE (city or town) (State or country) Unknown Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Unknown

12 MAIDEN NAME OF MOTHER Magdalena Hedding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Germany

14 Informant Mary Bien (Address) 400 N. Belair Road, Raspeburg, Md.

15 Filed APR 2 1926, 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10th, 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 10, 1926,

that I last saw him alive on March 10, 1926,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis-Diabetes Mellitus-Hypertrophied Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Williams, M. D.

3/16, 1926 (Address) Raspeburg, Balt., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Pasadena Cemetery

DATE OF BURIAL March 13, 1926

20 UNDERTAKER Frank Leasch & Sons

ADDRESS Fullerton

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08261 HEALTH DEPARTMENT—CITY OF BALTIMORE

2-002

CERTIFICATE OF DEATH.

E 08261

Registered No.

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Baltimore Maryland Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Lewis

(a) Residence No. 502 South Lungerne Street Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1894.

7-AGE. 32. yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework. 070

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Harry Malone

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Gillespie Mary Malone

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Hospital Records Balto City Hospitals

15- Filed 192 Per Registrar. C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10-26

17- I HEREBY CERTIFY, That I attended deceased from 12-10 1925 to March 10 1926

that I last saw h alive on March 10 1926

and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(Duration) yrs. 7 mos. ds

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 2 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-9-26.

Was there an autopsy? Yes

What tests confirmed diagnosis? Clinical Lab tests

(Signed) Chas F. Chamberlain M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, March 13th 1926

20-UNDERTAKER, Lilly & Zeiler

ADDRESS 400 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

08262

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Chapel ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elara E. Zeller

(a) RESIDENCE NO. 322 S. Chapel ST., 2 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 1 mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Zeller

6 DATE OF BIRTH (month, day, and year) Feb. 6th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. S. Kiefer.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ryan

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Charles Zeller
(Address) 322 S. Chapel St.

15 Filed . 19 Per Registrar

C. HAMPSON GIBBS, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from January 27th, 1926, to March 8th, 1926.

that I last saw her alive on March 8th, 1926.

and that death occurred, on the date stated above, at 9 48 A.M. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Broken compensation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb N. Athey, M. D.

March 10 1926 (Address) 100 S. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Conglucal Cath. Cem. DATE OF BURIAL: March 12 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

E 08263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08263

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE. (No. Monument St & Amherst Ave ST., 6 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lillian M. Diggs

(a) RESIDENCE No. 2048 E Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry B. Diggs

6 DATE OF BIRTH (month, day, and year) Dec 25 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) her Home

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Va

PARENTS

10 NAME OF FATHER J. L. Lewis

11 BIRTHPLACE OF FATHER (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mr Harry B Diggs 2048 E Fayette st

15 Filed MAR 12 1926, 19 C. HAMILTON JONES, M. D. Registrar R A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to March 11, 1926, that I last saw h(er) alive on March 11, 1926 and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Fibroid and Salpingitis

(duration) 2 yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/8/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hamilton Jones M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL Mar 12 1926

20 UNDERTAKER John F Denny — ADDRESS 715 L St

Spec.—1-10-21—M&T—1500 Bks.

E 08264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Ashton

(a) RESIDENCE NO. 1525 Johns Street. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Ashton Alfred

6 DATE OF BIRTH (month, day, and year): Dec 22, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43 yrs.	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home life.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Boston Mass.

PARENTS

10 NAME OF FATHER: Alexander McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Edinborough Scotland

12 MAIDEN NAME OF MOTHER: Louise Tupper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York.

14 Informant: Mrs. Mary Ashton

(Address): 1525 Johns St.

15 Filed: 21926 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to March 11, 1926, that I last saw her alive on March 11, 1926, and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Asthma

(duration) about 2 mos. yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Emphysema with Septicemia

(duration) about yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb 1/26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Stamphrin, M. D.

, 19 (Address) Md Gen Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waterbury Conn

DATE OF BURIAL: Mar 13 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 532 E Monument

Spec.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

08265 — E 08265

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 257 Mt. Carmel St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah F. Cunningham

(a) RESIDENCE NO. 257 Mt. Carmel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE John S. Cunningham

6 DATE OF BIRTH (month, day, and year) Feb 10th 1849

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
76	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) (None)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Edwards

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Sarah Carr Garland

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant John S. Cunningham

(Address) 257 Mt. Carmel St.

Filed DEC 12 1926 HAMILTON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to March 10, 1926, that I last saw h.. alive on March 9, 1926, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. A. Kuhl, M. D.

March 13 19 26 (Address) 4207 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial March 14 1926

20 UNDERTAKER J. B. Stephens ADDRESS 1850 N. Bond St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08266 CERTIFICATE OF DEATH. 179 E 08266

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Yale Avenue ST. 26-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis W. Ross

(a) RESIDENCE NO. 431 Yale Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Winefred C. Ross

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Peter J. Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdeline Knipp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Winefred C. Ross

(Address) 431 Yale Ave

Filed MAR 12 1926 HAMILTON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. , 19 21 , to March 11 , 19 26 ,

that I last saw h alive on March 10 , 19 26 ,

and that death occurred, on the date stated above, at 1.30P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 4 Yrs.

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Delatation of Heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Revelstein M. D.

3/12, 1926 (Address) 24 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. Frederick Md. DATE OF BURIAL Mar. 15 1926

20 UNDERTAKER Joseph L. Cook ADDRESS 1003 N Eutaw St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08267

CERTIFICATE OF DEATH.

101-001

E 08267

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital 70-1

CITY OF BALTIMORE: (No. ..... ST., 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Grace E Friese

(a) RESIDENCE No. 5 Augusta Ave. ST., ... WARD

(Usual place of abode) Irvington Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edwin Friese

6 DATE OF BIRTH (month, day, and year) Aug 25-189[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER W. E. Marchant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sue Billups

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr. Edwin Friese

(Address) 5 Augusta Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1926

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to March 12, 1926, that I last saw her alive on March 11, 1926, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Rt.

(duration) ... yrs. ... mos 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL 3/15 1926

20 UNDERTAKER J. Fen McCully

ADDRESS 130 E. Fort

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08268

CERTIFICATE OF DEATH.

89

E 08268

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 115 E. Randall St. ST. 24-2 WARD)

2-FULL NAME Charles R. Begnelle.

(a) RESIDENCE NO. 115 E. Randall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Begnelle.

7 DATE OF BIRTH (month, day, and year) July 27, 1871.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	7	12 14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Policeman.
(b) General nature of industry, business, or establishment in which employed (or employer) 161
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Begnelle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma Manner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant (Catherine Begnelle. (wife)
(Address) 115 E. Randall St.

C. HAMPSON JONES, M. D.
Registrar

Filed 12 1926 192 Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

March 11, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Mch 13 1926

20 UNDERTAKER F. A. Deaner & Son — ADDRESS 703 Ham

Spec.—1-10-21—M&T—1500 Bks.

Sultan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08269 E 08269

CERTIFICATE OF DEATH.

16-276

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3034 Arunah Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Sultan

(a) RESIDENCE NO. 3034 Arunah Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem.	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Sultan

6 DATE OF BIRTH (month, day, and year) Jan 28 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Hoffgray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. L. Sultan (Address) 3034 Arunah Ave.

15 Filed MAR 12 1926 19 C. HAMILTON JONES, M.D. Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from about 3 yrs ago, 19 .... to March 11, 1926.

that I last saw her alive on March 10, 1926,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Senile paresis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) L. F. Shemwell M. D.

March 12, 1926 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL March 13 1926

20 UNDERTAKER Mrs. Mrs. John W. Teufel & Son — ADDRESS 801 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08270 E 08270

CERTIFICATE OF DEATH.

REGISTERED NO. 128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 Vine ST. 70-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Griffin

(a) RESIDENCE NO. 1817 Vine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22, 1921

7 AGE — Years: 4 — Months: 3 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): c

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Louise Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs James Griffin 1817 Vine St

15 Date received 1926 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 11 1926.

that I last saw h[illegible]alive on March 11 1926

and that death occurred, on the date stated above, at 3 15 p m

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos. 3 days

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

3/12, 1926 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: March 13th 1926

20 UNDERTAKER: A. Jones — ADDRESS: 111 S. Edmonson st

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08271

CERTIFICATE OF DEATH.

100-001 E 08271

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS 24-1 (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Heitker

(a) RESIDENCE NO. 417 E Gittings ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: 61

Years	Months	Days	If LESS than 1 day, hrs or min.
60yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15 1925 to March 11 1926.

that I last saw h[illegible] alive on March 11 1926.

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Hinkley Miller M. D.

3/12 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem. DATE OF BURIAL: Mch. 13 1926

20 UNDERTAKER: Lilly and Feile ADDRESS: 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

08272

HEALTH DEPARTMENT—CITY OF BALTIMORE

182 E 08272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jno. J. Mullaney

City of BALTIMORE: (No. 1st since Jan 1 1926 2nd Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Johnson

(a) RESIDENCE NO. 1045 Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mag

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Johnson

6 DATE OF BIRTH (month, day, and year):

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer gen'l

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sparrows Point Steel Corp.

9 BIRTHPLACE (city or town):

(State or country): Unknown

PARENTS

10 NAME OF FATHER: Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Ada Johnson wife

(Address): 1045 S. Durham St

21926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno M Fulton M. D. (Coroner)

3 8, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

Date of Burial 19

UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Dodrowolski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08273

X11-00[illegible] 08273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., Phipps Clinic WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Dodrowolski

(a) RESIDENCE NO. Piney Fork. Ohio Box 37 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): a married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Dodrowolski

6 DATE OF BIRTH (month, day, and year) do not know

7 AGE: Years 45 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Miner 686

(b) General nature of industry, business, or establishment in which employed (or employer): do not know

(c) Name of employer Jefferson Mining Co. Piney Fork. Ohio.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) do not know

12 MAIDEN NAME OF MOTHER do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) do not know.

14 Informant patient

(Address)

2 1926 C. HAMPSON JONES, M. D.

19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 1926 to Feb 21 1926.

that I last saw him alive on Feb 21 1926,

and that death occurred, on the date stated above, at 11 57 m.

The CAUSE OF DEATH* was as follows:

Myasthenia gravis

Influenza (duration: 1 day)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Pernicious Hypnosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ohio

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) F. C. Wertheimer M. D.

2-21. 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

THE MORGUE

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08274 E 08274

CERTIFICATE OF DEATH.

REGISTERED NO. 16-3 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 973 Poplar Grove St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Ballard

(a) RESIDENCE. No. 973 Poplar Grove St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Ernest A. Ballard.

6 DATE OF BIRTH (month, day, and year): July 3 - 1888

7 AGE: Years 37 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co., Maryland.

PARENTS

10 NAME OF FATHER: Rufus Dickinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Alexis Albaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co., Maryland.

14 Informant: Mr. Ernest A. Ballard,
(Address) 973 Poplar Grove St. Balto.

15 Filed 21926 19 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from 1924 — 19 — to Mar. 11, 1926, that I last saw her alive on Mar. 9, 1926, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

carcinoma of breast

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Extenuation

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1924

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edward Bond, M. D.

19 (Address) 1211 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Co. Md. Mt. Hope Cemetery.

DATE OF BURIAL: Mar. 15 - 1926

20 UNDERTAKER: C. M. Waltz.

ADDRESS: Hyattsville, Md.

Spec.—12-9-25—A Co.—200 Bks.

E 08275

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-09

E 08275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4417 Glen Ave. 27th Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Eugene Meyers

(a) RESIDENCE NO. 4417 Glen Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wh

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb 27. 1926

7 AGE: Years — | Months — | Days 14 | IF LESS than 1 day 12 hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Meyers

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Maryland

14 Informant ____

(Address) ____

15 Filed 2 1926, 19____ C. HAMPSON JONES, M. D. Registrar

Port ____ Park

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to March 11, 1926, that I last saw h. alive on March 10, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, condition of Kidneys

Postmaturity Birth and Accidental

(duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia, condition of Kidneys

(duration) 1 yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Pneumonia, Exam

(Signed) Jas. Kell, M. D.

, 19 (Address) 926 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08276 — CERTIFICATE OF DEATH. — 124E 08276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Stafford Hotel ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Capet Clopton

(a) RESIDENCE NO. Stafford Hotel ST., WARD St. Louis Mo.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Espenschied

6 DATE OF BIRTH (month, day, and year) March 16, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holly Springs, Miss.

PARENTS

10 NAME OF FATHER Do not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do Not Know

12 MAIDEN NAME OF MOTHER Do Not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant Louise E. Clopton (Address) Stafford Hotel

21826 C. HAMPSON JONES, M. D. Registrar

Pvt. Tenn. R.R. — ESCORT — MRS. LOUISE E CLOPTON

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1926

17 March 11 - 1926

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to March 11, 1926, that I last saw h alive on March 11, 1926, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Uremia

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & conditions

(Signed) C. H. McClintock, M. D.

, 19 (Address) 1430 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

No Belfontaine Cemetery, St. Louis 3/14 1926

20 UNDERTAKER — ADDRESS

Henry W. Means & Son 505 N Calvert

Spec.—1-10-21 M&T 1500 Blks.

E 08277 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 90E 08277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 17-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlie Kelly

(a) RESIDENCE NO. 1026 Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

Filed 2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1926 to March 9, 1926, that I last saw him alive on March 9, 1926, and that death occurred, on the date stated above, at 8:10 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis

(duration) yrs. 8 mos. (Hosp.)

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2½ mos. (Hosp.)

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) H. Winslow Miller, M. D.

3/11/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL 9/13 1926

20 UNDERTAKER Samuel Easton ADDRESS 916 Penna Ave

Spec.—12-9-25—A Co.—200 Bks.

Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08278

CERTIFICATE OF DEATH.

179 E 08278

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1700 W Mulberry St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Holly Jones

(a) RESIDENCE NO. 1700 W Mulberry St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): ~~Single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W Jones

6 DATE OF BIRTH (month, day, and year): 1884.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Louis Crosby

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Rosewood

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Catherine Holly

(Address) 1700 W Mulberry St

1926 C. HAMPSON JONES, M. D. Registrar

Per R R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Mar. 11.

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to Mar 11, 1926, that I last saw h.. alive on Mar 11, 1926, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Cyanosis Heart.

(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Para-Nephritis.

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Hobart Keech, M. D.

Mch 11, 1926 (Address) 305 N Gilham St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial 3/15 1926

20 UNDERTAKER: Daniel Easton — ADDRESS 46 Pearce

Spec.—1-10-21—M&T—1500 Bks.

E 08279

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 08279

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Elm Place ST. 17-2 WARD)

2-FULL NAME Sarah Floyd

(a) RESIDENCE NO. 914 Elm Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Colored	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Alford Floyd

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr Gillsboro Balto Md

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Benj Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER unknow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Alford Floyd

(Address) 914 Elm

15 FILED 2 1926 . 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 7 1926, to Mar 11, 1926, that I last saw h[e] alive on Mar 11, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 5 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? nothing

(Signed) William E Burton, M. D.

Mar 12, 1926 (Address) 762 Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL 3/15 1926

UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Cor.—1-12-23—M&T—100 Bks.

E 08280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08280

CERTIFICATE OF DEATH.

185

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 657 E. Clement St. ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Mitchell.

(a) RESIDENCE NO. 657 E. Clement St. ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced
HUSBAND OF
(or) WIFE of George W. Mitchell.

6 DATE OF BIRTH (month, day, and year) August 20, 1838.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jefferson Langville.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Rhodes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

PARENTS

14 Informant Florence Hawkins. (daughter)
(Address) 657 E. Clement St.

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental fall down a stairway.
Fracture of vertebrae, (Neck)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Lenhardt, M. D.
(Coroner.)

March 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/13 1926

20 UNDERTAKER Blum & Fahey Bros

ADDRESS 657 E. Clement

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08281 E 08281

CERTIFICATE OF DEATH.

REGISTERED NO. 15-13 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1903 N Fulton Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Avarilla Donelson

(a) RESIDENCE NO. 1903 N Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 21, 1874

7 AGE: Years 51 Months 11 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Maker 069

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Frederick Co Md

PARENTS

10 NAME OF FATHER: Geo. Donelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Beall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Elmer L. Donelson

(Address): 1903 N. Fulton Ave

15 Filed: MAR 12 1926 C. HAMPSON JONES, M. D. Registrar

P.T.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to Mar 11, 1926.

that I last saw her alive on Mar 11, 1926.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Claude M. D.

March 12, 1926 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: March 15 1926

20 UNDERTAKER: Harry W. Eblen — ADDRESS: 1249 W. Norton

Spec.—1-10-21—M&T—1500 Bks.

E 08282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08282

CERTIFICATE OF DEATH.

X 74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 7[illegible] WARD)

2-FULL NAME Frederick Eden Paca

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 1852 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
abt	74	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer): Farm work -

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Carrichael Md

PARENTS

10 NAME OF FATHER: E. J. Paca

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?) Md.

12 MAIDEN NAME OF MOTHER: Mariana Eden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): (?) Md.

14 Informant (Address): Records of Mt Hope Retreat Mt Hope Retreat -

15 Filed 1926, 19[illegible] C. HAMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 22nd, 1925, to Mar 11th, 1926, that I last saw him alive on Mch 10th, 1926 and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis - Post cerebral Hem -

abt (duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Paralytic Dementia.

abt (duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flanney, M. D.

March 11th, 1926 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Md — DATE OF BURIAL 3/3 1926

20 UNDERTAKER: John C Curran — ADDRESS 3000 E. B

Spec.—1-10-21—M&T—1500 Blks.

E 08283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08283

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 E. Federal ST. 8-L WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis X. Dengler

(a) RESIDENCE No. 2318 E. Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): March 5, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John J. Dengler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary L. Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: John J Dengler

(Address) 2318 E Federal St.

19 3 1926 C. HAMPTON JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 12, 1926, that I last saw him alive on March 11, 1926 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation.
(Cardiac ? Bilateral)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/12, 1926 (Address) 1300 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery DATE OF BURIAL 3/13 1926

20 UNDERTAKER: George J Ruth ADDRESS 1735 Harford Ave

E 08284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 209 N. Arlington St. Ward) Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Johnson

(Residence in Baltimore: No. 209 N. Arlington Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: about 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Thos. Taylor

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Burns

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Akins

(Address) Washington DC

15-

31926 C. HAMPSON JONES, M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: March 11 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yr. One week

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.
Coroner

March 11 1926 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion

DATE OF BURIAL: 3-13 1926

20-UNDERTAKER: John H. Joadim

ADDRESS 1627 Hanover Ave

Spec.—1-10-21—M&T—1500 Blks.

1896 96 E 08285

HEALTH DEPARTMENT—CITY OF BALTIMORE E 08285

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 5-2 STREET WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Slexer

(a) RESIDENCE NO. 1312 E. Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): ~~Separated~~ Unmarried (?)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alex Dixon

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 56 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work D 37

(b) General nature of Industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Pack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

3 1926 C. HAMPSON JONES, M. D. Registrar

Per BPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to March 10, 1926, that I last saw her alive on March 10, 1926, and that death occurred, on the date stated above, at 5:10 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (acute)

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) amel

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Dilated heart.

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antioch Cemetery

DATE OF BURIAL: Mar 15 19 26

20 UNDERTAKER: Chas. H. Elmer & Mc Caskin

ADDRESS

Spec.—620—M&T—1500 Blks.

E 08286 E 08286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jordan

(a) RESIDENCE NO. 1644 Abbott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE: Years 13 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER William Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Louise Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records JOHNS HOPKINS HOSPITAL (Address)

15 MAR 3 1926 C. HAMPSON JONES, M. D. Registrar

Per RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1926, to Mar. 10th, 1926, that I last saw him alive on Mar. 10th, 1926, and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

Following Ruptured acute Appendicitis

5 days (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

Ruptured (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-7-26

Was there an autopsy? Yes

What test confirmed diagnosis? Culture.

(Signed) J. L. Rieman, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louisa Va

DATE OF BURIAL: 3/31/1926

20 UNDERTAKER: Byron Wright

ADDRESS: 218 McElderry

Spec. 491.
10-21—M&T—1500 Bks.

E 08287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08287

CERTIFICATE OF DEATH.

× 100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Iv. Smith

(a) RESIDENCE No. Woodbrook P.O. Woodbrook WARD Bud.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Sallie Hunt Smith

6 DATE OF BIRTH (month, day, and year) Nov 30th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia -

PARENTS

10 NAME OF FATHER John S. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1926, to Mar. 12th, 1926, that I last saw him alive on Mar. 12th, 1926, and that death occurred, on the date stated above, at 8 27 A. M.

The CAUSE OF DEATH* was as follows: Benign prostatic hypertrophy

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration & arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/24/26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Winfield Scott Hall, M. D.

1926 (Address) Homewood, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL March 15 1926

20 UNDERTAKER Henry Heukins & Son Co

ADDRESS Cathedral & Mo. Colleges

MAR 15 1926

C. HAMPSON JONES, M. D. Registrar

Per

Spec.—1-10-21—M&T—1500 Bks.

E 08288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08288

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Chilhowe Rd (St.) Washington (Ward) 24 REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances J. Wahnmann

(a) RESIDENCE NO. Chilhowe Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Henry Wahnmann

6 DATE OF BIRTH (month, day, and year): Jan 31 1849.

7 AGE: Years 77. Months 1 Days 10. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn NY

PARENTS

10 NAME OF FATHER: Ernst ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Voy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Geo H. Wahnmann (Address) 620 N. Baltimore St

15 Filed 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 - 1925 to March 11 1926, that I last saw h W alive on Mar 9 1926, and that death occurred, on the date stated above, at 4 10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis with Hypertension

(duration) 10 yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy - with hemiplegia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

March 13, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem DATE OF BURIAL: March 13 1926

20 UNDERTAKER: John De Mitchael ADDRESS: 1201 W Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08289

CERTIFICATE OF DEATH.

REGISTERED NO. 10553

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Hollins Ferry Rd (St.) Widens (Ward)

2-FULL NAME Charles Wilson

(a) RESIDENCE. No. Mt Winans St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Wilson

6 DATE OF BIRTH (month, day, and year): Sept 13 1878

7 AGE: Years 47 Months 5 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer: B.T.O.R.R.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm H Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Isabella Crew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

11 Informant: Wm H Wilson

(Address): Mt Winans

15 Mar 1926 C. 19 HAMPSON JR. M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/10/ 26

17 I HEREBY CERTIFY, That I attended deceased from 2/28/ 1926, to 3/10/ 1926, that I last saw him alive on 3/10/ 1926, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Hypostatic Congestion

Bronchitis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno Bowley, M. D.

3/ 26, 19 (Address) 908 Sherwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Mar 14 1926

20 UNDERTAKER: Wm H Hoffman

ADDRESS: 906 Conway St

Spec. 1-10-21 M&T 1800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 08290 — 49 E 08290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ——— ST., H-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Brooks

(a) RESIDENCE NO. 106 Lemon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie ———

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Baltimore City Hosp. Records
(Address)

15 Filed MAR 3 1926, 19..... Registrar C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1926

17 I HEREBY CERTIFY, That I attended deceased from December 31, 1925, to March 9, 1926, that I last saw h[illegible] alive on March 9, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast with generalized metastasis

(duration) yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? General laboratory

(Signed) C. [illegible] Smith, M. D.

3-11, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Mar 13 1926

20 UNDERTAKER Pierce Lewis, Hyde ADDRESS 406 N. Carey

Spec.—12-9-25—A Co.—200 Bks.

E 08291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08291

CERTIFICATE OF DEATH.

100-201

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 N. Wolfe St. St., 8-2 Ward)

2-FULL NAME Doris B. Gilbert

(a) RESIDENCE NO. 1620 N. Wolfe St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/9/26

7 AGE: Years | Months | Days: 2 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Charles S. Gilbert

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Schaffer

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Charles S. Gilbert

(Address) 1620 N. Wolfe St

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/1926

17 I HEREBY CERTIFY, That I attended deceased from March 10 1926 to March 11 1926

that I last saw h..... alive on 19

and that death occurred, on the date stated above, at 12.35 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pharyngitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

Signed) Albert Ashbury M. D.

3/12 1926 (Address) 2007 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester Md. Date of Burial 3/13 1926

20 UNDERTAKER: Philip Streig ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Bks.

E 08292 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08292

100-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Laymon and Lakeland St. 11-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elbert Woodford

(a) RESIDENCE NO. 1026 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	1	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Freddie Woodford

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Fanny Woodford

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Fannie Woodford (Address) 1026 McCulloh St.

15 Filed 3 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/5, 1926, to 3/11, 1926, that I last saw him alive on 3/11, 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Malnutrition

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Lab~~ Clinical findings

(Signed) J. McAuley M. D.

(Address) W. B. G. H. , 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion Cem. DATE OF BURIAL Mar 13, 1926

20 UNDERTAKER Adolphus Halsted ADDRESS 904 N. Eutaw St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/08293

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 942 W Saratoga St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Gross

(a) Residence No. 942 W Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1907

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert Co, Md

PARENTS.

10-NAME OF FATHER, Stephen Gross

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Barrogans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Stephen Gross

(Address) 942 W. Saratoga

15- Filed 3 1926 192 C. HAMPSON JONES, Registrar.

By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-9-26

17- I HEREBY CERTIFY, That I attended deceased from 3-4 19 26 to 3-9 19 26

that I last saw her alive on 3-9 19 26

and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) uncertain ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Blackson M. D.

3/11 19 26 (Address) 180 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion DATE OF BURIAL, Mar 13, 19 26

20-UNDERTAKER, Lottie Gross ADDRESS 1705 McElderry

Cor.—12-9-25—A Co.—200 Bks.

E 08294

Kafer

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 08294

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1237 S Clinton St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kafer

(a) RESIDENCE NO. 1237 S Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 23-1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	2	18 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm. Kafer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Eliz. Henkein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Wm. Kafer

(Address) 1009 S. Clinton St

15 Filed ....., 19.....

3 1926

RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic alcoholism

(duration) Years mos. ds.

CONTRIBUTORY (secondary) Paralysis agitans

(duration) 2 yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

3 12 1926 (Address) 1002 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — Date of Burial Mch. 14 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08295

CERTIFICATE OF DEATH.

18 E 08295

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at 1-4

City of BALTIMORE: (No. Balto City Hospital St. 1 Ward)

2-FULL NAME John Gutemutch

(a) RESIDENCE NO. 1103 S Robinson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Gutemutch

6 DATE OF BIRTH (month, day, and year) Aug 8. 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
67	7	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Dumont Fertilizer

9 BIRTHPLACE (city or town) Balto City

(State or country) _____

PARENTS

10 NAME OF FATHER John Gutemutch

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto City

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) unknown

14 Informant Wm E Howard Brown

(Address) 1103 S Robinson

19 _____ C. HAMPSON JONES, M. D.

Registrar

Per _____

3 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

when he fell off platform of factory Tripod Point unknown

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Fenton M. D.

(Coroner)

3.10 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cemetery	March 15 1926
20 UNDERTAKER	**ADDRESS**
Zirkler & Zirkler	1739 E. Eager st.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08296

CERTIFICATE OF DEATH

181-004 E 08296

1-PLACE OF DEATH Found March 12/1926

REGISTERED NO.

City of BALTIMORE: (No. 611 S Mumford ave 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Otremba

(a) RESIDENCE NO. 611 S Mumford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Otremba

6 DATE OF BIRTH (month, day, and year) May 28 1898

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	9	14 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balt sanitary supply

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER August Otremba

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Urban

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Otremba

(Address) 17 E Lancaster St

Mar 13 1926 19 M. J. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide & Dioxide Gas from burning Gas stove in Sealed closed Bed Room

Accident (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Burton M. D.

(Coroner)

3/13 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Hanselaus. Date of Burial Mar 13 1926.

20 UNDERTAKER M F. Dadowski ADDRESS 405 S Ann

Cor.—12-9-25—A Co.—200 Bks.

08297

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-004 E 08297

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Found dead

City of BALTIMORE: (No. 611 S Montford St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Strembe

(a) RESIDENCE NO. 611 S Montford St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Strembe

6 DATE OF BIRTH (month, day, and year) Sept 16, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	33	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Salt City

PARENTS

10 NAME OF FATHER Joseph Kuniva

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Kujawa

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Strembe

(Address) 171 Lancaster

15 Filed 3 1926, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon monoxide Poisoning While sleeping - found closed Bed room with gas stove was burning (duration) yrs. mos. ds.

CONTRIBITORY (Secondary) Accident (duration) 2 yrs. mos. ds.

(Signed) James McKenzie M. D.

(Coroner)

3 13 1926 (Address) 7 W E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Haven. Date of Burial March 13 1926

20 UNDERTAKER W F Sadowski. ADDRESS 705 S Conk

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08298

181-004
181 E 08298

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH found dead March 12/26

City of BALTIMORE: (No. 611 S Montford St. 1-3 Ward)

2-FULL NAME Mary Otremba

(a) RESIDENCE NO. 611 S Montford St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~John~~ Mary

6 DATE OF BIRTH (month, day, and year) Nov 7 1917

7 AGE — Years: 6 — Months: 4 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Wife~~ School girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER John Otremba

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto City

12 MAIDEN NAME OF MOTHER ~~Mary~~ Lena Otremba

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto City

14 Informant: Mary Otremba

(Address) 611 Lancaster St

15 Filed 3 1926, 19____

Per _____ Registrar

HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry. investigation find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Poisoning accident
While sleeping small room & gas stove burning (duration) small dets. do.

CONTRIBUTORY (Secondary) /

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James W. Fenton M. D.
(Coroner)

3 B. 1926 (Address) 705 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: H. Stanislaus, Date of Burial: March 13 1926.

20 UNDERTAKER: M. F. Sadowski ADDRESS: 705 S. Ann

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08299

181 - 904
E 08299

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Found Dead

City of BALTIMORE: (No. 611 S Montford St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pete A. Otremba

(a) RESIDENCE NO. 611 S Montford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	4	13 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Jacksonville

(State or country)

PARENTS

10 NAME OF FATHER John Otremba

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Lena Kuna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Jacksonville

14 Informant Mary Otremba

(Address) 1751 Lancaster St

15 3 1926 19

16 Apr 19 24 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Poisoning accident, while sleeping in closed small room with gas heater burning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Some hours)

(duration) yrs. mos. ds.

(Signed) James M Fenlon M. D.

(Coroner)

3/17 1926 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Stanislaus, Mar 13 1926.

20 UNDERTAKER ADDRESS

W. F. Sadowski 1905 S. Linn

Spec.—1-10-21—M&T—1500 Blks.

E 08300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08300

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2008 E Lombard (St.) 2-1 (Ward)

REGISTERED NO. 16-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christopher Carlson

(a) RESIDENCE NO. 2008 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): March 2 1926

7 AGE — Years | Months | Days: 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Christopher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Cicila Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Christopher Carlson

(Address) 2008 E Lombard St

15 Filed 3 1926 . 19 . . . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12-1926

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to March 12, 1926.

that I last saw him alive on March 12, 1926.

and that death occurred, on the date stated above, at 8:55 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. F. Douglas, M. D.

3/13, 1926 (Address) 1001 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents

DATE OF BURIAL: Mar C 19

20 UNDERTAKER: Wendell Hopper & Son

ADDRESS: 57 Lan

Spec.—1-10-21—M&T—1500 Bks.

E 08301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3044 Brighton ST. 16-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin M. Skeen,

(a) RESIDENCE NO. 3044 Brighton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	"hite	Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~Widow of~~ Annie G. Skeen,

6 DATE OF BIRTH (month, day, and year) January 31.1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	68	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) 13 01

(c) Name of employer Penna. R.R.

9 BIRTHPLACE (city or town) (State or country) Parksberg Penna.

PARENTS

10 NAME OF FATHER Tinney Skeen,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Annie G. Skeen,

(Address) 3044 ~~Brighton St.~~

15 [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 12 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 8 . 1926 . to Mar 12 . 1926 .

that I last saw him alive on Mar 11 . 1926 .

and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical knowledge

(Signed) Benj. F. Phillips, M. D.

Mar 13 1926 (Address) 832 S. Monroe Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL London Park DATE OF BURIAL MAR 15 1926 19

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 08302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08302

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs May Fletcher

(a) RESIDENCE NO. Accomac County Va St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Fletcher

6 DATE OF BIRTH (month, day, and year) ~~Mar~~ 23 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac County Va

PARENTS

10 NAME OF FATHER James H Gladding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Evans East

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James T. Fletcher

(Address) Accomac County Va

15 Filed 3-14-1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1926

17

I HEREBY CERTIFY, That I attended deceased from 3-7- 1926 to 3-12- 1926, that I last saw h/m alive on 3-12- 1926, and that death occurred, on the date stated above, at 10.50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) H. S. Bozeman M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Accomac County Va

DATE OF BURIAL March 14 1926

20 UNDERTAKER F. B. Kellam

ADDRESS 1850 N. Gay St

Spec.—1-10-21 M&T 1500 Bks.

E 08303 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08303

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mt Royal Ave ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evan H Morgan

(a) RESIDENCE No. 1419 Mt Royal Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances P Morgan

6 DATE OF BIRTH (month, day, and year) June 30, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	73	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Orleans La

PARENTS

10 NAME OF FATHER Evan Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Mary Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Frances P Morgan

(Address) 1419 Mt Royal Ave

15 Filed , 19 Registrar

3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1925, to March 12, 1926.

that I last saw him alive on March 11, 1926.

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs — mos — ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Uraemia.

(Signed) Hulbert Holtzman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Boston, Mass

DATE OF BURIAL Mar 15/1926

20 UNDERTAKER W H Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

(Wilmer Berlin)

E 08304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08304

CERTIFICATE OF DEATH

45

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. 251

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Wilmer Berlin

(a) RESIDENCE NO. 407 Frederick St, Bklyn ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20. 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (City or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Howard F Berlin

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Maud Wade

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Maud Berlin
(Address) 407 Frederick St Bklyn

15 Filed ..... 19 ..... Registrar .....

3 1926

RPK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 19 26

17

I HEREBY CERTIFY, That I attended deceased from 2/23, 19 26, to 3/11, 19 26,

that I last saw him alive on 3/11, 19 26,

and that death occurred, on the date stated above, at 12 AM

The CAUSE OF DEATH* was as follows:

Intestinal Intussusception

8 weeks

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Peptonate failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Russ Aulepot M. D.

3, 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 3/12 1926

20 UNDERTAKER W J Cook

ADDRESS 502 E North Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08305

CERTIFICATE OF DEATH.

E 08305

3/

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore city hospital ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Braxton

(a) RESIDENCE NO. 557 Greenwillow st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Braxton

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 19 26

17

I HEREBY CERTIFY, That I attended deceased from January 19, 19 26 to March 12, 19 26,

that I last saw h[illegible] alive on March 12, 19 26,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. C. Lane M. D.

3-12, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL March 5 19 26

20 UNDERTAKER Jno. M. Johnson 1234 Eutaw St ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 08306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08306

CERTIFICATE OF DEATH.

REGISTERED NO. 1526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 603 W. Hoffman ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Augins

(a) RESIDENCE NO. 603 W. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar. 9-1926

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Edward Augins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Blanche Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Edward Augins (Father) 603 W. Hoffman St.

15 Filed MAR 13 1926 C. HAMPSON JONES, M. D. Registrar

For BCRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1926 to Mar. 10, 1926

that I last saw him alive on Mar. 10, 1926

and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

(Deformity) Harelip and Cleft Palate

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Undeveloped Genital Organs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Phillips, M. D.

19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Mar. 12 1926

20 UNDERTAKER: John M. Johnson

ADDRESS 1234 Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08307

103 E 08307

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Vol of Am. Hosp. St. 27-1 Ward)

2-FULL NAME John Rein

(a) RESIDENCE NO. Eutaw & Camden St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Katherine Rein

6 DATE OF BIRTH (month, day, and year): About 1851

7 AGE — Years: 75 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 06

(c) Name of employer

9 BIRTHPLACE (city or town): St Louis

(State or country): Mo.

PARENTS

10 NAME OF FATHER: John Rein

11 BIRTHPLACE OF FATHER (city or town): St. Louis

(State or country): Mo.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Benj Rein

(Address): 362 McClintock Ave

15 Filed May 16 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. Hampson Jones (Coroner) M. D.

May 10/26 (Address) 1431 N Biway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: May 15 1926

20 UNDERTAKER: Harry H Wetzler — ADDRESS: 1531 Lombard

very important. See instructions on back of certificate.

Spec.—1-10 21—M&T—1500 Bks.

E 08308

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 08308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Presbyterian Hosp

CITY OF BALTIMORE: (No. 418 W. Lexington ST., 4-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt E. Donnelly

(a) RESIDENCE NO. 418 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawn cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Gardening

(c) Name of employer Arthur Hall

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed APR 12 1926 By RPK. Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1926,

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925. to March 12, 1926
that I last saw him alive on March 11, 1926
and that death occurred, on the date stated above, at 7:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY—
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of March 1, 1926

Was there an autopsy? Yes Decapsulation of Kidney

What test confirmed diagnosis? —

(Signed) Karl J. Steinmueller M. D.

, 19 (Address) 227 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thomas Cemetery — DATE OF BURIAL Mar 13, 1926

20 UNDERTAKER Henry H. Wittig — ADDRESS 152 N. Carlton

E 08309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7185 E 08309

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hospital ST. 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Holloway

(Residence in Baltimore: No. Patapsco Hotel Sparrows Pt. Md. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Feb (Month) 4 (Day), 1904 (Year)

7-AGE. 22 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer). Bethlehem Steel Co

9-BIRTHPLACE, (State or Country). Smithfield Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bethlehem Steel Co.

(Address) Sparrows Pt Md

15- C. HAMPSON JONES, M. D.

3 1926 Per ..... 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 1 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Patella (Accidental)

(Duration) ....yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Jumped out of window

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy (Coroner) M. D.

March 12th 1926 (Address) 2802 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Smithfield Va. DATE OF BURIAL. March 13 1926

20-UNDERTAKER John F. Denny ADDRESS 715 Light St

Cor.—1-12-23—M&T—100 Bks.

08310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ Hospital

CITY OF BALTIMORE (No. ..... St. 22-1 WARD)

REGISTERED NO. 001 74E 08310

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schaffey

(a) RESIDENCE NO. 400 W. Camden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Not Known

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years: 61 | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Not Known

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Not Known

14 Informant
(Address)

15 Filed 3 1926 192 Per ..... C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ..... mos. 1 ds.

(Signed) G. C. Hades, M. D.

Feb. 26 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

Commissioner Health.

Reg. No. 3 WOODALL

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08311

101-001

E 08311

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 21 Ward)

2-FULL NAME Samuel Washington

(a) RESIDENCE NO. 27 S. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Furnace-Synagoge

(c) Name of employer at 27. S. High St

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) St. Joseph Hospital

15 [illegible] 1926 16 [illegible]

C. HAMILTON JONES, M. D.

For [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest and/or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins M. D.
(Coroner)

3/7/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Blks.

E 08312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08312

CERTIFICATE OF DEATH.

101-061

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 27-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. King.

(a) RESIDENCE NO. 727 W. Pratt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30, 1899

7 AGE: Years 26 | Months 5 | Days 2 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas.

PARENTS

10 NAME OF FATHER Solomon King.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mo.

12 MAIDEN NAME OF MOTHER Swan (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

14 Informant (Address)

15 Filed Mar 3 1926 19 RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926, to March 2, 1926, that I last saw him alive on March 2, 1926 and that death occurred, on the date stated above, at 7½ a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. S. Bryant, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Blks.

E 08313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08313

CERTIFICATE OF DEATH.

15-5-90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2603 Roslyn Ave (St.) (Ward)

2-FULL NAME Harry Monrad Miller

(a) RESIDENCE NO. 2603 Roslyn Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 17 1896

7 AGE — Years: 49 — Months: 11 — Days: 23 — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Credit Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Amer. Ag. Chem. Co

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Oliver J. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Sarah A. Arringer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. Walter Hickman

(Address) 2603 Roslyn Ave.

15 Filed 3 1926, 19 C. HAMPTON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1926

17

I HEREBY CERTIFY, That I attended deceased from ..., 192... to March 12 1926, that I last saw h... alive on March 10 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Arteriosclerotic) Dilatation heart

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration 3-4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) C B Hamilton, M. D.

3/13, 1926 (Address) 2603 Roslyn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Mar 14 1926

20 UNDERTAKER: Wm J Heckrotte Sons — ADDRESS: North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08314

CERTIFICATE OF DEATH.

101-001 E 08314

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 932 W. Mulberry St., 18-1 Ward)

2-FULL NAME Albert Green

(a) RESIDENCE NO. 932 W. Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: Years 31 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

30

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Md.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Thos. Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Annie Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Annie Green

(Address): 932 W. Mulberry St.

3 1926 Filed C. HAMILTON JONES, M. D. Registrar

Per RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/10/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3/4/ 19 26, to 3/10/ 19 26,

that I last saw him alive on 3/9/ 19 26,

and that death occurred, on the date stated above, at 5-20 P m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Amy Bowen, M. D.

3/11/ 19 26 (Address) 908 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel

Date of Burial: 11/3 1926

20 UNDERTAKER: Daniel Easter

ADDRESS: 916 Penna Ave

E 08315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08315

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 620 W. Lafayette Ave) (WARD) 11-1

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Smith

(Residence in Baltimore: No. 620 W. Lafayette Ave St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 6, 1901.
(Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Lancaster Co Va

PARENTS.

10-NAME OF FATHER, Edward Ball

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emily Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Ball

(Address) 620 Lafayette ave

15- C. HAMPTON JONES, M. D.

FILED Mar 1, 191 Asst Registrar.

3 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy (Coroner.) M. D.

March 2 1926 (Address) 2802 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Feb. 13, 1926

20-UNDERTAKER Mrs S20, N. Dennis per T & Kelson

ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08316

CERTIFICATE OF DEATH.

90 E 08316

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Sinclar Lane & Lowneys Lane ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard S. Norris

(a) RESIDENCE No. St Clair & Lowneys Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Florence V. Norris

6 DATE OF BIRTH (month, day, and year) Sept 8. 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Richard S. Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER Florence V. Roberts.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant William Norris

(Address) Harford ave.

15 Filed MAR 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926, to Mar 12, 1926, that I last saw him alive on Mar 12, 1926 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

3/13 (Signed) H. J. Kinzey, M. D.

, 1926 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 15 1926
20 UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08317

CERTIFICATE OF DEATH.

90 E 08317

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 E. 30th. ST., 9-2 WARD)

2-FULL NAME Joseph. H. Haughey.

(a) RESIDENCE NO. 1720. E. 30th. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret. Haughey

6 DATE OF BIRTH (month, day, and year): Dec. 17. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer): own

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph. H. Haughey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Rose McCarty.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Fannie. W. Kahl.
(Address): 1720. E. 30. St.

15 Filed 2 14 1926, 19 .... Per RK Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/24 .1926. to 3/10 .1926.
that I last saw h~ alive on 3/9 .1926
and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis
General oedema
Cachexia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. B. Bernstein M. D.

3/3 1926 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: March 15 1926

20 UNDERTAKER: Geo. F. Ruth

ADDRESS: 1235 Hayward.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08318

08318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Fulton Ave ST. 19-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Young

(a) RESIDENCE No. 515 S. Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B Young.

6 DATE OF BIRTH (month, day, and year) May 28-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	52	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Ry & Elec Co

(c) Name of employer

9 BIRTHPLACE (city or town) Columbia (State or country) Pa

PARENTS

10 NAME OF FATHER Henry Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Harriett Doescher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth B Young (Address) 515 S Fulton Ave

15 Filed ..... 19 ..... C. HAMILTON JONES, JR. Registrar

4 1926 Per LK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to March 12, 1926, that I last saw h[illegible] alive on March 12, 1926 and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G E Buxton, M. D.

3/13, 1926 (Address) 301 E Ross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Mar. 15 19 26

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 8319. HEALTH DEPARTMENT—CITY OF BALTIMORE E 8319

CERTIFICATE OF DEATH.

REGISTERED NO. 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Myrtle Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. E. Jaynes

(a) RESIDENCE. NO. 1104 Myrtle Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Married Alice Jaynes

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) General Cobalt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Reuben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Pratt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Alice Jaynes
(Address) 1104 Myrtle Ave

15 Filed ..., 19 Registrar

R 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/5/1926, to 3/11/1926, that I last saw him alive on 3/11/1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Acute (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Clinical

(Signed) Jno. Bowley, M. D.

3/15/1926 (Address) 908 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3-14-26

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Hanover Ave

Spec.—1-10-21—M&T—1500 Bks. William J. Geares.

E 08320 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 08320

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor and Dukeland ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Gleaves

(a) RESIDENCE NO. 1233 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1861

7 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Gleaves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Gleaves

(Address) 2233 Jefferson St.

15 Filed 1-4 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 1926, to 3/10, 1926, that I last saw him alive on 3/10, 1926, and that death occurred, on the date stated above, at 7:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic gastro-enteritis

(Origin unknown)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical Findings

(Signed) C. Mencity, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Mar 14 1926

20 UNDERTAKER Mac R. A. Elliott

ADDRESS 1725 Oakland

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08321

CERTIFICATE OF DEATH.

129

E 08321

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Dallas St. W-V WARD)

2-FULL NAME Walter J. Cornish

(a) RESIDENCE NO. 25 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: Kirk Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ella Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary Cornish

(Address): 25 S. Dallas.

15 Filed 1-4 1926 19 Per R.K. Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1926 to March 12th 1926

that I last saw him alive on March 8th 1926

and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Wessner, M. D.

3-13 1926 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Funnal Brands — DATE OF BURIAL: Mar 14 1926

20 UNDERTAKER: Mrs R A Elliott — ADDRESS: 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

Harry W Rusk.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08322

CERTIFICATE OF DEATH.

49

E 08322

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. (or WARD) 8 W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Rusk

(a) RESIDENCE NO. 1859 Collington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widower

5a If married, widowed, or divorced (HUSBAND of ~~the late~~ or) WIFE of Margaret L. Rusk

6 DATE OF BIRTH (month, day, and year) Dec. 29 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John T. Rusk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Caroline V. Hagemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. John T. Rusk

(Address) 1859 N. Collington Ave

15 Filed 19 Registrar

14326

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 12 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-26-1926, to 3-12-1926,

that I last saw h alive on 3-12-1926,

and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:

Endothelioma of Meninges of Skull

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Remained at home

Did an operation precede death? No Date of 3-5-26

Was there an autopsy?

What test confirmed diagnosis? Clinical & Op.

(Signed) W. F. Borgmeyer, M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 15, 1926

20 UNDERTAKER: Henry Horch Son — ADDRESS: 1301 E Lafayette

HAMILTON JONES, M. D.

Par

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08323

CERTIFICATE OF DEATH.

90 E 08323

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj Hopkins

(a) RESIDENCE NO. 915 Lisburn St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marian Hopkins

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Welsh Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) dec'd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Simon Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Marian Hopkins
(Address) 915 Lisburn St

Filed 1 4 1926 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)
March 13, 1926 (address) 1659 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) In the State
At place of death yrs., mos., ds. yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilson Memorial Park	3/16 192
20 UNDERTAKER	ADDRESS
Jack Lewis	1434 Gilmor St

Harrison Jones, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08324

CERTIFICATE OF DEATH.

11-001 ✓ E 08324

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 836 Hamilton Terrace 11-2 Ward)

2-FULL NAME Etta Harris

(a) RESIDENCE NO. 840 Hamilton Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Harris

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Elec —

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Hurt Lam

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant (Address) Jack Harris 840 Hamilton Terrace

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7 1926, to March 13, 1926, that I last saw h[illegible] alive on March 13, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Grippe - Pneumonia (Lobar)

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac

complicating (duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) Frank R. Smith, M. D.

March 13 1926 (Address) 927 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Rosedale Date of Burial 3/14 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

Dr Silverstone 225 Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 08325

CERTIFICATE OF DEATH.

74-001

E 08325

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 Maple Ave, Violetville ST., 75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Tosky

(a) RESIDENCE NO. 101 Maple Ave, Violetville ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Tosky.

6 DATE OF BIRTH (month, day, and year) Oct 23 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Stephen Yomkulm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Anton Tosky

(Address) 101 Maple Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925, to March 7, 1926,

that I last saw her alive on March 7, 1926,

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) 5 mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs and Symptoms

(Signed) Samuel Silverstone M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral DATE OF BURIAL Mar 15 1926

20 UNDERTAKER J. M. Cook ADDRESS 502 E Hoffman

Spec.—1-10-21—M&T—1500 Bks.

Dr Bishop ✓

E 08326

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08326

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Harford Ave ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Jane Edel

(a) RESIDENCE NO. 1217 Harford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Edel

6 DATE OF BIRTH (month, day, and year): Nov 24, 1844

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Harry T. Edel

(Address) 1226 Harford Ave

15 Filed 4 1926, 19

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 1926

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1926, to March 12, 1926, that I last saw h[illegible] alive on March 12, 1926, and that death occurred, on the date stated above, at 3,45 P m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Toxaemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. T. Bishop, M. D.

March 13 1926 (Address) 502 Shenandoah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: March 15 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

Spec.—1-12-23—M&T—500 Bks.

E 08327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 08327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md ST. 15-13 WARD)

2-FULL NAME Samuel W. Bond

(a) RESIDENCE NO. 1611 N. Carey St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Bond

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Watchman

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed 4 1926 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to March 12 1926, that I last saw h... alive on March 12, 1926, and that death occurred, on the date stated above, at 10.30A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis, Acute Alcoholic Delirium

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Feldman M. D.

3/27 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL March 15 1926

20 UNDERTAKER William Cook

ADDRESS 502 E Monument

Spec.—10-21—M&T—1500 Bks.

189 b 69

E 08328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 111-001 E 08328

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Kelly -

(a) RESIDENCE No. 125 S. E. St. Sparrows Pt. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary McCue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 4 1926 , 19 C. McPHERSON JOHNS, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 6th, 1926, to Mar 10th, 1926, that I last saw him alive on Mar 10th, 1926, and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Perforated gastric Ulcer

8 days (duration)

CONTRIBUTORY (Secondary) Peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 3/10/26.

Was there an autopsy? Yes.

What test confirmed diagnosis? Hab in intestinal tract

(Signed) J. L. Rudnick, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 3-15 1926

20 UNDERTAKER C. Moran — ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08329

CERTIFICATE OF DEATH.

17 E 08329

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 509 Millington Ave (ST.) (WARD)

2-FULL NAME Mary King

(a) RESIDENCE NO. 509 Millington ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, ~~or divorced~~ (or) WIFE of Joseph King

6 DATE OF BIRTH (month, day, and year) aug— 1852

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER — Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire

12 MAIDEN NAME OF MOTHER Doolbrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irela

14 Informant Mary King

(Address) 2251 Barclay

15 Filed MAR 4 1926 19 HARRY S. JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from February 12, 1926, to March 11, 1926, that I last saw h[illegible] alive on March 11, 1926, and that death occurred, on the date stated above, at 10 30 A. M.

The CAUSE OF DEATH* was as follows:

Endocarditis, Acute Chronic Nephritis

(duration) Months Days.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Dr. Rodney G. Syer

(Signed) Robert G. Fisher M. D.

3/13/ 1926 (Address) 2151 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3-15- 1926

20 UNDERTAKER John A Mowen

ADDRESS 3000 E Baltimore 38

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 08330

CERTIFICATE OF DEATH.

E 08330

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1403 E. Madison St. Ward) 10-2

2-FULL NAME James Morris

(a) RESIDENCE NO. 1403 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER ~~unknown~~ Va

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Sadie Rusk

(Address) 1318 E. Monument St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to March 11, 1926, that I last saw him alive on March 11, 1926, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) 2 yrs. 2 mos. 5 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Jos. L. Hall, M. D.

, 19 (Address) 4266 13th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Gasburg Va 3/14 1926

20 UNDERTAKER — ADDRESS

Byron Wright McElderry

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08331

CERTIFICATE OF DEATH.

90 E 08331

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3007 Clifton Ave (Street) 15-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Amos D. D.

(a) RESIDENCE (Usual place of abode) No. 3007 Clifton Ave. WARD.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27- 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber Steam Fitter (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER E. Amos.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Mary Amos 3007 Clifton ave

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar-13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13- 1925, to Mar-13 1926,

that I last saw h[illegible] alive on Mar 13, 1926,

and that death occurred, on the date stated above, at 12.35 P m.

The CAUSE OF DEATH* was as follows:

Senility. Myocarditis degenerative, with gradual failure of vital forces.

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wesley Cole, M. D.

, 19 (Address) 2207 Gorsuch Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 15 1926
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08332

CERTIFICATE OF DEATH.

E 08332

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St., 25-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Brown

(a) RESIDENCE NO. 1025 Eutaw St. Mount Park St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Dec 9 1896.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
29	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Frank Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Helen Brown

(Address) 1025 Eutaw St

15 Filed MAY 4 1926 19 P.M. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-12, 1926, to 3-13, 1926, that I last saw him alive on 3-13, 1926, and that death occurred, on the date stated above, at 2:55 a m.

The CAUSE OF DEATH* was as follows:

Lysteriosis (Staphilococcus)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Abscess of thigh left

& nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Incision of abscess

Did an operation precede death? Date of 3/12/26

Was there an autopsy? no

What test confirmed diagnosis? clinical & Op.

(Signed) W. A. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cemetary

DATE OF BURIAL May 15 1926

20 UNDERTAKER Mr-Mrs H. S Funk

ADDRESS 2042 Wilkens Ave

E 08333

HEALTH DEPARTMENT—CITY OF BALTIMORE

143-002

CERTIFICATE OF DEATH.

E 08333

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Ruth L Shiner St. 19-1 WARD)

2 FULL NAME 504 N. Calhoun St.

(Residence in Baltimore: No. 504 N. Calhoun St. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Oct 15, (Month) (Day) 1895 (Year)

7-AGE, 30: 31 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 31

PARENTS:

9-BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, John H. Bufford

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Margt Leman

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shiner

(Address) 504 N. Calhoun St.

15-

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar.

Per RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 11, (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. T. Hennessy M. D. (Coroner.)

3/13/26 (Address) 2802 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Arbury Cemetery DATE OF BURIAL, Mar 14, 1926

20-UNDERTAKER: Mrs R.G. Elliott ADDRESS 23 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08334

CERTIFICATE OF DEATH.

100-001 100 E 08334

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Rose ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert . Wojtczuk

(a) RESIDENCE NO. 513 S. Rose Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 2 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph . Wojtczuk

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Josephine. Zawistowska

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs. Josephine . Wojtczuk Mother

(Address) 513 S. Rose Street

15 Filed ..... 19 ..... Registrar

R 14 1926 C. HAMILTON JOHNS, M. D. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12/26

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 12, 1926, that I last saw h alive on March 12, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) Andrew Kurkowski, M. D.

19 (Address) 2079 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL March 15 1926

20 UNDERTAKER John M. Weber ADDRESS 1803 Eastern

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08335

CERTIFICATE OF DEATH.

129 E 08335

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 522 Sanford Place ST. 11-3 WARD)

2-FULL NAME Thomas E. Foreman

(a) RESIDENCE No. 631 N. Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred each yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Hannah Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carrie W. Cole

(Address) 522 Sanford Place

15 Filed APR 4 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8th, 1926, to March 13th, 1926, that I last saw him alive on March 13th, 1926, and that death occurred, on the date stated above, at 8-20 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis &
Chronic Nephritis

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. 6 mos ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) E. Thurston Hance, M. D.

April 1926 (Address) 1501 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL March 16 1926

20 UNDERTAKER Chas. L. Black ADDRESS 742 W Fayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

08336

CERTIFICATE OF DEATH.

168 E 08336

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3314 Egerton Place S 15-4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard D. Lee

(Residence in Baltimore: No. 3314 Egerton Place

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan (Month) 30 (Day), 1867 (Year)

7-AGE: 59 yrs. 1 mos. 12 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conveyancer
(b) General nature of industry, business, or establishment in which employed (or employer): Law Insulator Co.

PARENTS.

9-BIRTHPLACE, (State or Country): Huntingtown Calvert Co. Md

10-NAME OF FATHER: James N. Lee

11-BIRTHPLACE OF FATHER (State or Country): Huntingtown Calvert Co Md

12-MAIDEN NAME OF MOTHER: Mary Gibson

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William N. Justis

(Address) 3314 Egerton Place

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging

(Duration).....yrs.....mos. 1 da.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....da.

(Signed) J. T. Hennessy M. D. (Coroner.)

March 13 1926 (Address) 2802 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: March 15 1926

20-UNDERTAKER: Chas. D. Black

ADDRESS: 742 W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

Ada Stein

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08337

CERTIFICATE OF DEATH.

74 E 08337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Adam Stein. ST. 10-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Sisters of the Poor,

(a) RESIDENCE NO. Preston & Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Joseph Stein

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: John Andrews,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Sister Superior.

(Address): Preston & Caroline Sts.

15 Filed MAR 14 1926 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from ~~Mch record~~ 19 to 19

that I last saw h~~er~~ alive on Mch 7 1926.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

2 weeks (duration) yrs mos dys.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Mch 12 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Mar 15. 1926

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Gramm St

Spec.—1-10-21—M&T—1500 Bks.

Sebour.

E 08338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08338

CERTIFICATE OF DEATH.

No. 590

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S. Third ST., No WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Sebour

(a) RESIDENCE NO. 402 S. Third ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Sebour.

6 DATE OF BIRTH (month, day, and year) Dec 22 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Schebelein.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mr. Chas Reding. (Address) 402 S. Third Street.

15 Filed 1 4 1926 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4-1925 to Mch 12-1926.

that I last saw her alive on Mch 12-1926.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

(a) Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) + H. Herman M. D.

3/31 1926 (Address) 1913 6 Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dek Lawn Cemetery — DATE OF BURIAL March 16 1926

20 UNDERTAKER John Ulrich — ADDRESS 2000 Wilkens Av.

Spec.—1-12-23—M&T—500 Blks.

E 8339. # HEALTH DEPARTMENT—CITY OF BALTIMORE F. 08339

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1373 Carey ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Brown

(a) RESIDENCE NO. 1373 Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 15, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
52	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co md

PARENTS

10 NAME OF FATHER Dennis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co md

12 MAIDEN NAME OF MOTHER Sarah Grahame

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co md

14 Informant Carrie Hall

(Address) 1373 N. Carey St

15 Filed 5-6 1926. H. HAMMOND JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/26 1926 to 3/13 1926,

that I last saw h alive on 3/13 1926,

and that death occurred, on the date stated above, at 8 A m

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Benj Chatten, M. D.

3/14 1926 (Address) 21 S Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment Calvert co md

DATE OF BURIAL March 15 1926

20 UNDERTAKER Mrs James St. Dennis per T. E. Kelan

ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08340

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 08340

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2906 Belmont Ave (St.) (WARD) 24-1

2-FULL NAME Elizabeth Jane Buckley

(a) RESIDENCE NO. 2906 Belmont Ave (St.) ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel B. Buckley

6 DATE OF BIRTH (month, day, and year): June 30, 1859

7 AGE: Years 66 | Months 8 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Michael Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Francis M. Buckley

(Address): 2906 W. Baltimore St

15 Filed 1 5 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1925, to March 12, 1926,

that I last saw h— alive on March 11, 1926

and that death occurred, on the date stated above, at 3. A. m.

The CAUSE OF DEATH* was as follows:

Adeno sarcoma. - 2y.

Cerebral hemorrhage. 10 hrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) - Uremia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. Uhlenhuth, M. D.

3/14/26 (Address) 24 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Mar 15 1926

UNDERTAKER: Thos F. Gorman & Son

ADDRESS: 924 Hollins St

Thos F. Gorman

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08341

CERTIFICATE OF DEATH.

26-3 71-001

E 08341

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence J. Carpenter

(a) RESIDENCE NO. 3200 McElderry St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 24/1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Henry L Carpenter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER Achsah Hall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant James L Carpenter

(Address) Owing Md

15 Filed 19 C. Hampson Jones, M. D.

Registrar

MAR 15 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Meningitis (Pneumococcus) (History Septicemia) (Autopsy at Hopkins,-Multiple abcesses

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Culver, M. D.

(Coroner)

3/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery. Date of Burial: Mar. 15 '26

20 UNDERTAKER: Robt. T. Turner & Sons ADDRESS: 442 N. Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08342

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 08342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 W. 41st St ST.: 13-2 WARD)

2-FULL NAME Orin Ernest Wann Jr.

(a) RESIDENCE. NO. 1200 W. 41st St ST., 13 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-7-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Orin Ernest Wann

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Marie Heath

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant (Address) Orin E. Wann 1200 W. 41st St.

15 Filed .. 19.. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 13, 1926, that I last saw him alive on March 13, 1926, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Findings

(Signed) George M. Wann, M. D.

, 19 (Address) 4105 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Frankden) DATE OF BURIAL: March 15 1926

20 UNDERTAKER: Donaldson & Burgee ADDRESS: 3631 Falls Rd

Spec.—1-10-21—M&T—1500 Blks.

E 08343 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 7-1

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George K. Markell

(a) RESIDENCE NO. ..... Wilmington Del. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth R.

6 DATE OF BIRTH (month, day, and year): May 24, 1885

7 AGE — Years: 40 — Months: 9 — Days: 18 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Vice Pres. Power Co.

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Markell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Eliz. C. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

1 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1925, to Mar 14, 1926,

that I last saw him alive on mar 14, 1926,

and that death occurred, on the date stated above, at 12 3 m.

The CAUSE OF DEATH* was as follows:

Sarcomatosis, myocardial failure

(duration) 17 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. P. Wood, M. D.

19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington, Del. — DATE OF BURIAL: March 15 1926.

20 UNDERTAKER: John O. Mitchell 120 — ADDRESS: N. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08344

CERTIFICATE OF DEATH.

47 **E 08344**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Paca St. ST. 17-3 WARD)

2-FULL NAME Julia Cromwell Palmer

(a) RESIDENCE NO. 405 N. Paca St. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Palmer

6 DATE OF BIRTH (month, day, and year) March 7, 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn A. A. County Md.

12 MAIDEN NAME OF MOTHER Elizabeth Ann Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County

14 Informant Richard C. Norris.
(Address) Ellicott City, Howard Co.

15 Filed . 19 Registrar

MAR 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 13, 1926, that I last saw h[illegible] alive on March 12, 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma in Brain

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma Breast

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 2 years ago

Was there an autopsy? No

What test confirmed diagnosis? Gross, microscopic & other findings

(Signed) I. Warren Buckler, M. D.

Mar 13, 1926 (Address) 806 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. — DATE OF BURIAL March 13 1926

20 UNDERTAKER Henry W. Jenkins & Son Co. — ADDRESS Edward & McCulloh

Spec.—1-10-21—M&T—1500 Bks.

Dr Bishop, 930 N. Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08345

CERTIFICATE OF DEATH.

90 E 08345

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 N. Charles ST. 11-2 WARD)

2-FULL NAME Elizabeth M Price

(a) RESIDENCE NO. 1222 N. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Price

6 DATE OF BIRTH (month, day, and year): July 16 1832

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
93	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Phila Penna

PARENTS

10 NAME OF FATHER: John Trimble

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary E Moslin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Emma J Beck
(Address) 1222 N Charles St

15 Filed ..... Registrar

R 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to Mar 12, 1926, that I last saw her alive on March 12, 1926, and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Arterio-Sclerosis
Hypertension

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage ?
Sudden death (duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam

(Signed) John S. Bishop M. D.

3/14 1926 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestertown Md

DATE OF BURIAL: 3/15 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E North

Spec.—1-10-21—M&T—1500 Bks.

Dr. Wainwright 1107 St Paul

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08346

CERTIFICATE OF DEATH.

57

E 08346

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Arlington ave ST. 16-7 WARD)

2-FULL NAME Anna Wittig Uhler

(a) RESIDENCE No. 817 N. Arlington ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Wm J. Uhler

6 DATE OF BIRTH (month, day, and year): June 18-1870

7 AGE: Years 55 Months 9 Days 26 If LESS than 1 day.....hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: John Wittig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Elder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John E Uhler

(Address) 1402 Madison ave

15 Filed MAR 15 1926 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to March 14, 1926,

that I last saw h w alive on March 10, 1926

and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Tribute Mulitus

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home Epworth

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam & Clinic Tests

(Signed) Chas. W. Wainwright, M. D.

3/15, 1926 (Address) 1107 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine, Cem Mar 15 1926

DATE OF BURIAL

20 UNDERTAKER: Wm Good

ADDRESS: 508 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

Dr Hennessy
Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08347

CERTIFICATE OF DEATH.

185

E 08347

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Fisher

(a) RESIDENCE NO. Severn Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Fisher

6 DATE OF BIRTH (month, day, and year): Feb 27-1861

7 AGE — Years: 65 — Months: — Days: 14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House

(b) General nature of industry, business, or establishment in which employed (or employer): Painter

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Dayton Fisher

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Mary Fisher

(Address): Severn . Maryland

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-11- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
Scaffolding broke while Painting a house (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) accidental (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

3/13, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: 3/15 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E Fall

Spec.—I-10-21—M&T—1500 Bks.

Dr Mays Chas Reed J

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08348

CERTIFICATE OF DEATH.

14-001

E 08348

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home of Incurables ST. 12-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret C Stewart

(a) RESIDENCE NO. Home of Incurables ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles R Stewart

6 DATE OF BIRTH (month, day, and year): Feb 4. 1840

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Major Farr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Marion A Stewart
(Address) Washington D C

15 Filed ..... 19 ..... Registrar .....

R 1 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan- 23 1926 to March 12 1926, that I last saw h[illegible] alive on March 12 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ... yrs 1 mos 1 dy.

CONTRIBUTORY (Secondary) Arterial hypertension over

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Methods

(Signed) [illegible] Mayo M. D.

3/14 1926 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druimmount — DATE OF BURIAL: Mar 16 1926

20 UNDERTAKER: W M Cook — ADDRESS: 1822 Eutaw Ave

Dr A T Ries

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 08349

CERTIFICATE OF DEATH.

129 E 08349

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Harford Terrace ST. 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Marsicot

(a) RESIDENCE NO. 4204 Harford Terrace ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Robert Marsicot

6 DATE OF BIRTH (month, day, and year): Dec 6. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Konrad Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mrs Otto Schmidt

(Address) 4204 Harford Terrace

15 Filed . . , 19 KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5 . 1926 . to Mar 12 . 1926 .

that I last saw h alive on Feb 12 . 1926 ,

and that death occurred, on the date stated above, at 11 55 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis + Chronic Nephritis (duration) 4 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) A. T. Ries, M. D.

Mar 13. 1926 (Address) 24 E Preston

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Mar. 15 1926

20 UNDERTAKER: Henry Sander & Son. Inc.

ADDRESS: 1710 E Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

dr Neer

E 08350 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08350

CERTIFICATE OF DEATH.

10108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 S. Glover (St.) 1-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Mundt

(a) RESIDENCE NO. 729 S. Glover (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mundt

6 DATE OF BIRTH (month, day, and year) May 15, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Shucker

(b) General nature of industry, business, or establishment in which employed (or employer) O & D

(c) Name of employer V. Herline

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andreas Mundt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Pauline Baker

(Address) 729 S. Glover St

15 Filed MAR 15 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to March 14, 1926,

that I last saw living on March 14, 1926,

and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C Brown, M. D.

3/15/26 (Address) 408 2 Bal Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Mar. 16 1926

20 UNDERTAKER Henry Lander & Sons, Inc. — ADDRESS 1710 Pratt St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08351

CERTIFICATE OF DEATH.

12/ E 08351

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Kennedy St. Ward 4-5)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Mooney

(a) RESIDENCE NO. 2018 Kennedy St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Mooney

6 DATE OF BIRTH (month, day, and year): Aug 13/ 1845

7 AGE: Years 80 | Months 7 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ellicott City, Md

PARENTS
10 NAME OF FATHER: John Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellicott City, Md
12 MAIDEN NAME OF MOTHER: Anna Duffy
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ellicott City, Md

14 Informant (Address): John T. Boyd 2018 Kennedy St

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1920, to March 13th 1926, that I last saw h alive on March 13th, 1926, and that death occurred, on the date stated above, at 1808 m

The CAUSE OF DEATH* was as follows:

6 hours Interstitial Nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine analysis. Clinical examination

(Signed) J. E. Selby, M. D.

(Address) 1202 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orella Cemetery Balto Co 2nd — DATE OF BURIAL: 3/16 1926

20 UNDERTAKER: J. Walter Dame — ADDRESS: 330 Fremont

MAR 15 1926

Spec.—4-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08352

CERTIFICATE OF DEATH.

101-001

E 08352

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asylum (Ward) 16

2-FULL NAME Joseph Butler

(a) RESIDENCE (No.) Bay View Asylum St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Jan 9 1867

7 AGE: Years 59 Months 2 Days 4 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida.

PARENTS

10 NAME OF FATHER John Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Family Record.

(Address)

Filed MAR 15 1926 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and) March 13 1926

17

I HEREBY CERTIFY, That I attended deceased from March 01, 1926, to March 13, 1926, that I last saw him alive on March 13, 1926, and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. (Hosp.) 13 days.

CONTRIBUTORY (Secondary) Emphysema.

(duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/13/26.

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Dr. Chaney, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Hospital — DATE OF BURIAL: 3-17 1926

20 UNDERTAKER: James Degnan & Son — ADDRESS: 1000 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

08353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 211 N Spring ST., 5th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Hursey

(a) RESIDENCE No. 211 N Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Wh

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	13		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Albert Hursey

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Ethel Hill

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Albert Hursey (Address) 211 N Spring Ave

15 Filed APR 15 1926 19 C. Hamilton Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1926, to Mar 14, 1926

that I last saw h alive on Mar 14, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernstein, M. D.

, 19 (Address) 3F S Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 15 March 1926

20 UNDERTAKER Edward Bryon

ADDRESS 631 Orleans St

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~STILLBIRTH~~ No. ~~76352~~ E 08354

E 08354

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Found in Falls St. 43 (Ward) 161

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Sgl.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or 5 min.
Full term				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of Indnstry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unk

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown
Autopsy — no cause — born alive probably at or near term.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

11/25 19 24 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

3 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08355 90 **E 08355**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH U. Ry & E. Co. street car

CITY OF BALTIMORE: (No. Hanover St. Bridge, Brooklyn ST. 25-1 WARD)

2-FULL NAME Mary A. Wolfrom.

(a) RESIDENCE NO 580 Patapsco Ave. Brooklyn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. --- mos. --- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

6 If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Frank A. Wolfrom.

DATE OF BIRTH (month, day, and year) January 18, 1866.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None.
(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Brooklyn A. A. Co. Md.

10 NAME OF FATHER Philip Appel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Gertrude Ault.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Frank A. Wolfrom. (husband).
(Address) 580 Patapsco Ave. Brooklyn.

Filed MAR 13 1926, 192 C. HARRISON JONES, M. D. Registrar
Per R. K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12th, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

March 13, 1926. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Mar 15 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08356

CERTIFICATE OF DEATH.

86-00 E 08356

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Baldwin

(a) RESIDENCE NO. 1814 E Biddle St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, ~~or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23 1920

7 AGE 5 Years 6 Months 7 2.0 Days 8 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel A Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Mary J Grau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant (Address) Mrs Samuel A Baldwin 1814 E Biddle St

15 Filed MAR 15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1926, to March 13, 1926, that I last saw him alive on March 13, 1926, and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 1 yr

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension Arterial Sclerosis 1 yr

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of 3/11/26

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Op.

(Signed) H. B. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green's Cemetery DATE OF BURIAL Mar 16 1926

20 UNDERTAKER John F Denny ADDRESS 745 Light St

Spec.—1-12-23—M&T—500 Bks.

E 08357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08357

CERTIFICATE OF DEATH.

+ 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Jones

(a) RESIDENCE NO. Spanwick St. Rd STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. 1 V ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mealy Jones

6 DATE OF BIRTH (month, day, and year): ? ? 1888

7 AGE: 38 — Years: 37 — Months: ? — Days: ? — If LESS than 1 day, ... hrs. or ... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer): Day Laborer

(c) Name of employer: Baltimore Street

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Ab. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Carolina

14 Informant: Early Brooks

(Address): 1704 Orleans St.

15 Filed MAR 15 1926, 19 ... Registrar: K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13, 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 13, 1926,

that I last saw h[illegible] alive on Mar 12 1926,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 1 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dil

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Spanwick St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Duncan Stanis, M. D.

, 19 (Address) 38 S Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alton Va - Via American Ex

DATE OF BURIAL: Mar 15 1926

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08358

E 08358

REGISTERED NO. 101001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 West Fayette St ST. 20-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Hardy

(a) RESIDENCE No. 2238 West Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divnrced HUSBAND of (or) WIFE of Mary A. Hardy

6 DATE OF BIRTH (month, day, and year) Jan. 9th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Receiving Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Department Store.

(c) Name of employer Stewart & Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Hardy

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachael Hardy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Raymond F. Hardy

(Address) 2031 Penrose Ave.

15 Filed MAR 15 1926 ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926 to March 13 1926.

that I last saw h is alive on March 13, 1926.

and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy, M. D.

3/14/26 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Mar. 17 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

E 08359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08359

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4238 Frederick Avenue ST. 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter L. Bierman

(a) RESIDENCE No. 4238 Frederick Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Bierman

6 DATE OF BIRTH (month, day, and year) Aug. 29th 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Bierman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Laura V. Moore

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant William Dittmar
(Address) 2808 Harford Avenue

15 Filed MAR 15 1926 19 C. HANSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day) March, 14th. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 14, 1926,

that I last saw him alive on March 14, 1926,

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Influenza a. Bronchopneumonia

Endocarditis (Ulcerative)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Robert C. Schmidt, M. D.

3/15 1926 (Address) 2151 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet ~~Lowden~~ Park Cemetery

UNDERTAKER Joseph D. Cook

DATE OF BURIAL Mar. 17/26

ADDRESS 1003 N. Gilmor St.

Spec.—1-10-21—M&T—1500 Bks.

E 08360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08360

CERTIFICATE OF DEATH. 15-3 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Parkheights Ave. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A.C. Lightner

(a) RESIDENCE NO. 3700 Parkheights Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos J. Lightner

6 DATE OF BIRTH (month, day, and year) July, 7th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis O. Egner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emily H. Ruff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Pauline V. Davis

(Address) 3310 Westerwald Ave.

15 Filed MAR 15 1926 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925 to Mar. 14, 1926, that I last saw her alive on Mar. 13, 1926, and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Delatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Mendelsohn M. D.

3/15 1926 (Address) 24 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	March 16 1926
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08361 90 **E 08361**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Westerwald Ave. St., 9-1 Ward)

2-FULL NAME Margaret McMahon

(a) RESIDENCE NO. 3516 Westerwald Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Devon

6 DATE OF BIRTH (month, day, and year): Aug. 1, 1848

7 AGE — Years: 77 — Months: 7 — Days: 13 15 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Micheal Devon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Keelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Philip L. McMahon
(Address): 3516 Westerwald Ave.

15 Filed ..... 19 ..... Registrar

MAR 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1926 to Mar. 14, 1926, that I last saw her alive on Mar. 12, 1926 and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Chronic Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute Delatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kavelaris, M. D.

, 19 (Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 3/16 1926

20 UNDERTAKER: Chas P. Maus & Son — ADDRESS: 1180 Mt Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 08362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08362

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Winchester St. ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Thomas

(a) RESIDENCE No. 1523 Winchester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. O.Thomas

6 DATE OF BIRTH (month, day, and year) Nov.25.1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
46	47	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John D. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Jas. O. Thomas (Husband) 1523 Winchester St.

15 Filed APR 5 1926 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 3rd. 1926 to March 12.1926

that I last saw her alive on March 11.1926

and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C. Pneumonic type

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Mitral Ins.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No (Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mar 16 1926
20 UNDERTAKER	ADDRESS
Virginia G. Brooks	1463 Pa Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08363 E 08363

CERTIFICATE OF DEATH.

REGISTERED NO. 15-12 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 N. Monroe ST., (WARD)

2-FULL NAME Orange Mc. Neal

(a) RESIDENCE NO. 1720 N. Monroe ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lilly Ma. Neal

6 DATE OF BIRTH (month, day, and year): Dec 24, 1861

7 AGE — Years: 64 — Months: 2 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Signal Fitter

(b) General nature of industry, business, or establishment in which employed (or employer): R R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Akron Ohio

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Corinne Day
(Address) 1720 N. Monroe

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1926, to March 13th, 1926, that I last saw him alive on March 13th, 1926, and that death occurred, on the date stated above, at 8½ P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart disease (Aortic Incompetency)

(duration) 2 yrs. — mos — da.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos. — da.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) William J Sullivan, M. D.

3/14, 1926 (Address) 17 61. W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Mar 16 1926

20 UNDERTAKER: Mac Nus. John H. Tenfel & Son — ADDRESS: 841 N. Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08364

CERTIFICATE OF DEATH

E 08364

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 2206 Christian ST. WARD)

2-FULL NAME Mrs. Margaret Musgrove

(a) RESIDENCE NO. 2206 Christian St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yr. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas W Musgrove

6 DATE OF BIRTH (month, day, and year): Jan 7 1884

7 AGE: Years 42 Months 2 Days 7 If LESS than 1 day, hrs. or min. 13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Chas. W. Musgrove

(Address) 2206 Christian st

15 Filed MAR 15 1926 G. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/5 1926 to 3/14 1926

that I last saw her alive on 3/14 1926

and that death occurred, on the date stated above, at 2 A. m.

18 CAUSE OF DEATH* was as follows: Lobar Pneumonia (Both)

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Clinical - Post.

(Signed) Thos Culpepper, M. D.

3/14 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 17 1926

20 UNDERTAKER: John J Frith — ADDRESS: 1200 W Fayette

Spec.—1-10-21—MAT—1500 Blks.

Ruzicka - 800 N Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08365

CERTIFICATE OF DEATH.

90 **E 08365**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 E Chase ST., 8-4 WARD)

2-FULL NAME John Wesley Francis

(a) RESIDENCE NO. 2236 E Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida F Francis

6 DATE OF BIRTH (month, day, and year) Sept 22 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Ida Francis (Address) 2236 E Chase St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Mar 14 1926

that I last saw h[illegible] alive on March 11 1926

and that death occurred, on the date stated above, at 6 20 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) F. Ruzicka M. D.

(Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/17 1926

20 UNDERTAKER W Cook

ADDRESS 502 E Ward

MAR 15 1926

Spec.—1-10-21—M&T—1500 Blks.

E 08366 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

E 08366

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 330 (St.) Bruce (Ward) 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Recklin

(a) RESIDENCE NO. 330 ST. Bruce WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Recklin

6 DATE OF BIRTH (month, day, and year): August 16-1875

7 AGE: Years 50 Months 6 Days 25 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Barney Burr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christian Zuilla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bernard Recklin

(Address) 322 Bruce St.

15 Filed . 19 Registrar

C. HAMPSON JONES, M. D.

JAN 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926 to Mar 13 19 26

that I last saw h alive on Mar 13, 19 26

and that death occurred, on the date stated above, at 8-40 P m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

Mar 13, 19 26 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar. 17 1926

20 UNDERTAKER: George L. Schwabe — ADDRESS: 2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08367

101 1001

E 08367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Volunteers of Am. Hospital

CITY OF BALTIMORE: (No. 418 N. Lexington ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Sanderson

(a) RESIDENCE NO. 421 N. Paca. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---- yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ----

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Custom made shoe

(c) Name of employer Gilbert + Bull City

9 BIRTHPLACE (city or town) (State or country) Unknown / Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Volunteers of Am Hospital

(Address)

15 Filed MAR 15 1926 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10 1926. to March 12 1926.

that I last saw him alive on March 11, 1926,

and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Karl J. Steinmueller M. D.

, 19 (Address) 827 W Carrollton Ave City

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel DATE OF BURIAL March 15 1926

20 UNDERTAKER Mr. Mrs No 8 Finch ADDRESS 2012 Hollins ave

Cor.—12-9-25—A Co.—200 Bks.

Paulauskas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08368

CERTIFICATE OF DEATH.

31 E 08368

REGISTERED NO._____

1-PLACE OF DEATH Camden Place

City of BALTIMORE: (No. Hotel Valto St. 221 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Paulauskas

(a) RESIDENCE NO. Hotel Valto St.____ Ward Home W 9a

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER Steve Paulauskas

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Davis Coal & Coke Co

(Address) Continental Bldg

15 Filed MAY 15 1926, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mar 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) yrs. mos. 1 ds.

(Signed) J. C. Woods, M. D.

(Coroner)

(Address) March 1st 143 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Towas, Md Va Date of Burial Mar 16 19 26

20 UNDERTAKER Joseph B Cook ADDRESS 1103 N Gilmor St

Spec—12-23-21—E.B R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08369

CERTIFICATE OF DEATH.

129

E 08369

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1346 Division St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gray

(a) Residence No. 1346 Division St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-~~Single,~~ ~~Married,~~ Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Gray

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 76 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Annearundel Co. (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Wells.

11-BIRTHPLACE OF FATHER (city or town) A. A. Co., (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret Bryson

13-BIRTHPLACE OF MOTHER (city or town) Wash. (State or Country), D. C.

14-

(Informant) Mary Small

(Address) 521 N. Fremont Ave.

15-

Filed ..... 192 .. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-12-26

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926, to March 11 1926, that I last saw h[illegible] alive on March 11, 1926, and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Inst. Nephritis,

Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Dr. Marco Williams M. D.

3-12, 1926 (Address) 1830 Madison

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Mar. 15, 1926

20-UNDERTAKER. James B. Staubley ADDRESS 1528 Bolton St.

Spec.—1-10-21—M&T—1500 Bks.

E 08370 HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 E 08370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. 18-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Douglas

(a) RESIDENCE NO. 3 72. Poppleton ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE: Years 27 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Alabama (State or country)

PARENTS

10 NAME OF FATHER James Douglas

11 BIRTHPLACE OF FATHER (city or town) S.C. (State or country)

12 MAIDEN NAME OF MOTHER Cecelia Douglas

13 BIRTHPLACE OF MOTHER (city or town) S.C. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar C. HARRISON JONES M.D.

APR 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6. 1926. to March 12 1926.

that I last saw him alive on March 12, 1926.

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. mos 16 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory & autopsy

(Signed) W. Lindsay Miller M. D.

3/13. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL March 16 1926

20 UNDERTAKER Samuel D. Buckley ADDRESS 878 N. Bdle

Spec.—1-10-21—M&T—1500 Bks.

E 08371 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08371

100-801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH "

CITY OF BALTIMORE: (No. 2617 Pelham ST. 26-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franz Puepke

(a) RESIDENCE NO. 2617 Pelham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Puepke

6 DATE OF BIRTH (month, day, and year) Oct. 28 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany -

PARENTS

10 NAME OF FATHER ? Puepke.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Arthur Puepke

(Address) 2617 Pelham Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 1926, to Mar 12, 1926, that I last saw him alive on Mar 12, 1926, and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. Wells Hennig M. D.

3/13, 1926 (Address) 7000 Hillen Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL March 15 1926

20 UNDERTAKER C. W. Dill — ADDRESS 319 Frank Ave.

MAR 15 1926 BALTIMORE, MD.

Spec.—1-10-21—M&T—1500 Blks.

E 08372

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 08372

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST. 5-V WARD)

REGISTERED NO. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Banks.

(a) RESIDENCE NO. 1141 McElderry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Banks

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Maria Barnes

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed Mch 4, 1926 B B Bernard M.D. Registrar

5 1926 C. HAMPSON ... M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926 to Feb. 24, 1926.

that I last saw him alive on Feb. 24, 1926

and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis
Chronic myocarditis
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) ... yrs. ... mos. 12 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory ?

(Signed) W Lindsay Wilkins M. D.

2/25 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Cemetery — DATE OF BURIAL Feb 26 1926

20 UNDERTAKER W I Chatterton — ADDRESS Phone

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08373

CERTIFICATE OF DEATH.

43

E 08373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 222 N. Milton Av 6-3 St. Ward)

2-FULL NAME Wm H. Johnson

(a) RESIDENCE NO. 222 N. Milton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced: ~~WIFE of~~ HUSBAND of Laura J. Johnson

6 DATE OF BIRTH (month, day, and year): Nov 11/54

7 AGE — Years: 71 — Months: 4 — Days: 2 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 039

(b) General nature of industry, business, or establishment in which employed (or employer): Old Town

(c) Name of employer: Nat. Bank

9 BIRTHPLACE (city or town)

(State or country): A. A. Co. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Laura J. Johnson

(Address) 222 N. Milton av

15 Filed ....., 19..... Per ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

3/13/26

17

I HEREBY CERTIFY, That I attended deceased from Jan 1925 to Mar 13, 1926

that I last saw h/m alive on Mar 12, 1926

and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cochran, M. D.

Mar 14 1926 (Address) 3100 Hanford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial: 3/16 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

CERTIFIED COPY

MAR 15 1926

Per ..... Registrar

E 08374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08374

Registered No. C .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 Myrtle Ave St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Moore

(Residence in Baltimore: No. 1015 Myrtle Ave St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: About (Month) (Day) 1853 (Year)

7-AGE: 43 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of Industry, business, or establishment in which employed (or employer): 0/0

9-BIRTHPLACE (State or Country): Va

PARENTS:

10-NAME OF FATHER: —

11-BIRTHPLACE OF FATHER, (State or Country): —

12-MAIDEN NAME OF MOTHER: —

13-BIRTHPLACE OF MOTHER, (State or Country): —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Moore

(Address) 1015 Myrtle

15-

Filed ... 1926

C. HARRISON JONES, M. D.

Registrar.

RT 5 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 12 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Hennessy M. D.

3/13/26 (Address) 802 Eutaw St.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: 3/16-26

20-UNDERTAKER: Frank Easton ADDRESS: 916 Pacific

E 08375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-1 100-001

E 08375

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1217 W. Fair mount Fair Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Nickens

(Residence in Baltimore: No. 1217 W. Fairmount Ave St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Cold

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: March 3rd 1925 (Month) (Day) (Year)

7-AGE: 1 yrs. — mos. 10 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Eugene Nickens

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Annie Tomer

13-BIRTHPLACE OF MOTHER, (State or Country): N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Nickens

(Address) 1217 W. Fairmount

15- Filed MAR 5 1926 1926 HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 12 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Norton M. D. (Coroner)

Mch 13 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Bronchial

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: 3/15 1926

20-UNDERTAKER: Daniel Easton ADDRESS 916 Penna Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08376 — E 08376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital — REGISTERED NO. 90

CITY OF BALTIMORE: (No. 2124 Maryland Ave ST., 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Estella Fraser

(a) RESIDENCE NO. 2124 Maryland Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Edward Fraser

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Sarah Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant J. W. Morris
(Address) 1209 Division Ave

15 Filed 2 1 5 1926 19 C. HAMPTON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1926. to March 17, 1926. that I last saw h alive on March 17, 1926, and that death occurred, on the date stated above, at 5-00 A. m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Cardio Vascular disease.
(duration) [redacted] mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mercy Hospital

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. A. Bryant M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. — DATE OF BURIAL 3/16 1926

UNDERTAKER Daniel Easton — ADDRESS 916 Pearl

Spec.—1-10-21—M&T—1500 Bks.

E8377 HEALTH DEPARTMENT—CITY OF BALTIMORE E8377

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 w Lexington ST., 20-3 WARD)

2-FULL NAME Margaret Newell.

(a) RESIDENCE No. 2028 w Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Newell.

6 DATE OF BIRTH (month, day, and year): [illegible] 1838

7 AGE: 87. Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Martin Durkin.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Loftus.

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ireland.

14 Informant: Mrs. Julia Lofthouse (Address): 2028 W Lexington St.

15 Filed MAR 15 1926 WILLIAM H. JAMISON JONES, M. D. Registrar

Ref.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926 to Mar 12, 1926, that I last saw h[illegible] alive on Mar 12, 1926, and that death occurred, on the date stated above, at 12.45A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis about 3yrs
Paralysis (4 days)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Dilatation Heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter E Dickinson, M. D.

3/13 1926 (Address) 2002 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem,

UNDERTAKER: John F Cowan

Co. F F Cowan

DATE OF BURIAL: March 16th 1926

ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 08378 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08378

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22-27 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Waters

(a) RESIDENCE NO. 19 E York St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Waters

6 DATE OF BIRTH (month, day, and year): March 1 1870

7 AGE: Years 55 yr. Months Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Benjamin Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed MAR 15 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926, to March 14 1926, that I last saw h[illegible] alive on March 14, 1926, and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH* was as follows:

Left hemiplegia (cerebral hemorrhage) (duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Neill M. D.

3/15/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fisher's to Mt Lion DATE OF BURIAL: March 17, 1926.

20 UNDERTAKER: Center & Co ADDRESS: C. Howard Evans 386 E. Fort Ave

Spec.—1-12-23—M&T—500 Bks.

Coroners Case. ✓

LE 08379 HEALTH DEPARTMENT—CITY OF BALTIMORE LE 08379

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S Marine Hospital #1 REGISTERED NO.

CITY OF BALTIMORE: (No. 7-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fey

(a) RESIDENCE No. 609 South Wolf, East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret Fey

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer S/S Howard W. Jackson

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Valentine Fey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Sumwalt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Self.

(Address)

15 Filed 5 1926 C. HAMPSON JONES, M. D., Registrar

For R.K.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to March 12, 1926, that I last saw him alive on March 12, 1926, and that death occurred, on the date stated above, at 5 15 A.M.

The CAUSE OF DEATH* was as follows:

Influenza

Coroners Case

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia, bilateral

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & Laboratory tests

(Signed) J. C. Evans, M. D.

(Address) U.S. Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/16/1926

20 UNDERTAKER John J. Connelly — ADDRESS Canton

Spec.—1-10-21—M&T—1500 Bks.

E 08380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08380

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 746 W Hamburg ST. (WARD) 21-3

2-FULL NAME Annie Hoffschneider

(a) RESIDENCE NO. 746 W. Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of William Hoffschneider

6 DATE OF BIRTH (month, day, and year) Dec 17 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74.	73	2	25 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Got

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Kent

(Address) 746 W. Hamburg st

15 5 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1926, to Mar. 14, 1926,

that I last saw her alive on Mar 13, 1926

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morley Hoag, M. D.

Mar. 15 1926 (Address) 12 Gwaltney Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 17 1926
20 UNDERTAKER Robt J Turner Sons	ADDRESS 1442 E Broadway

Spec.—1-10-21 M&T 1500 Bks.

(Adrow Bellamy)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08381 3/ **E 08381**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE, (Athow) Baltimore City Hospitals ST. 8-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adrow Bellamy

(a) RESIDENCE NO. 1730 Keyser st. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Jim Bellamy

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Holland Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address)

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 12, 1926, that I last saw him alive on March 12, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. McL. Lane M. D.

3-18-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington. N.C.

DATE OF BURIAL Mar 16 1926

20 UNDERTAKER Robt T. Turner. Inc

ADDRESS 1942 N Broadway.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08382 E 08382

CERTIFICATE OF DEATH.

REGISTERED NO. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1273 Battery Ave ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Warren Cooper

(a) RESIDENCE NO. 1273 Battery Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 10 1925

7 AGE: Years — Months 6 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: George Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER: Myrtle Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant (Address): George Cooper 1273 Battery ave

15 5 1926 (19) C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1926, to Mar 13, 1926, that I last saw him alive on Mar 13, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys

(Signed) Wm Elliger, M. D.

3/19/1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar. 16 1926

UNDERTAKER: Margaret L. Flynn — ADDRESS: 1417 Light St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08383

E 08383

129

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 E Fort Ave St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winifred G. Joyce

(a) RESIDENCE NO 307 E. Fort Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 Above yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Joyce

6 DATE OF BIRTH (month, day, and year): Oct. 12, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER: Thomas Kelly

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Bridget Gill

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant: Mrs Catherine Amer

(Address) 307 E. Fort Ave.

MAR 5 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1925, to March 12, 1926, that I last saw her alive on March 12, 1926, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows: Chronic Int. Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening of arteries, pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no but

What test confirmed diagnosis?

(Signed) Mile Stapleton, M. D.

3/5/1926 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Mar. 16 1926

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St.

Spec.—1-10-21—M&T—1500 Blks.

E 08384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08384

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Jefferson St. ST. 17 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Heiss

(a) RESIDENCE NO. 1618 Jefferson St ST., 7 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Heiss

6 DATE OF BIRTH (month, day, and year): Dec. 3- 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
69	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Bergmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: C. A. Heiss (Son)

(Address) 1618 Jefferson St.

15 Filed 5 1926 19 C HARRISON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to March 12, 1926, that I last saw her alive on March 12, 1926, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Lungs and Mediastinum. Metastasis from Breast.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3 Yrs ago

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lee Carr, M. D.

March 19 26 (Address) 1618 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem

DATE OF BURIAL: March 16 1926

20 UNDERTAKER: Lilly & Zirkin

ADDRESS: 403 S Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 08385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08385

CERTIFICATE OF DEATH.

21-4 32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Av-Hilltop Road ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hovey Chipman Jr.,

(a) RESIDENCE NO. South Av-Hilltop Road ST., WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? 4 yrs. 11 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (None)

6 DATE OF BIRTH (month, day, and year) March-24-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George H. Chipman

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mabel Hallett

13 BIRTHPLACE OF MOTHER (city or town) Boston

(State or country) Massachusetts

14 Informant Mr. Geo. H. Chipman, (father)

(Address) Mt. Washington, City.

15 Filed [illegible] 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926, to March 14, 1926, that I last saw him alive on March 14, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Measles - Jan-12-26 - Recovery

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings.

(Signed) Clinton T. Robinson M. D.

3-15 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL March-16 19 2

20 UNDERTAKER STERLING & POWER COMPANY

(William F. Wooden, Successor)

ADDRESS 100 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08386

E 08386

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 E. Monument ST., 13 WARD)

2-FULL NAME Sofshia Ruppert

(a) RESIDENCE NO. 2622 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ruppert

6 DATE OF BIRTH (month, day, and year) May 27-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Charles Ruppert

(Address) 2622 E. Monument St.

15 Filed 5 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, to March 26, that I last saw h or alive on March 14 1926, and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

Mitral Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Urin

(Signed) Chas J Block, M. D.

Med. 519 E (Address) 20 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL March 17 1926

20 UNDERTAKER Zinkler & Zinkler — ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08387 | 101-001 | E 08387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Rogers

(a) RESIDENCE NO. 313 ½ Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 46yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Ashberry Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar. Per Rpm

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to March 11, 1926, that I last saw him alive on March 11, 1926, and that death occurred, on the date stated above, at 12:50 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller M. D.

3/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem DATE OF BURIAL: March 15 1926

20 UNDERTAKER: E. Jones ADDRESS: 111 Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08388

CERTIFICATE OF DEATH.

E 08388

REGISTERED NO. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Woodbrook ave ST., 43-5 WARD)

2-FULL NAME Johnathan Grace Ruth

(a) RESIDENCE NO. 2411 Woodbrook ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb. 7/1852

7 AGE — Years: 72 — Months: 4 — Days: 3 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: — retired

9 BIRTHPLACE (city or town) (State or country): Cumberland Co Md.

PARENTS

10 NAME OF FATHER: Asbury Ruth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Elizabeth Brock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westminster Md Co Md

14 Informant: Mrs Emma Ruth

(Address): 2411 Woodbrook ave

15 [illegible] 5 1926

C. HAMPSON JONES, M. D. Registrar

Per ROA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch, 1926, to Mch 13 1926,

that I last saw h[illegible] alive on Mch 12 1926,

and that death occurred, on the date stated above, at 2220 m.

The CAUSE OF DEATH* was as follows:

Gradual Weakening and Loss of Touch with normal Conditions

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) Edward [illegible], M. D.

3/13, 1926 (Address) 1005 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEM

DATE OF BURIAL: 3/16. 1926

20 UNDERTAKER: ROBERT BROOKS 3/ 5011

ADDRESS: COR CALHOUN HOLLINS ST

Spec.—1-10-21.—M&T—1500 Bks.

E 08389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08389

CERTIFICATE OF DEATH.

REGISTERED NO. 58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 N. Charles ST., 17 WARD)

2-FULL NAME Ella Virginia Scott

(a) RESIDENCE No. 2635 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Benj'H. Scott

6 DATE OF BIRTH (month, day, and year): Dec 17 1856

7 AGE — Years: 69 — Months: 1 — Days: 28 — If LESS than 1 day, hrs. or ntin.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: Wm R. Hiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sara Rutledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr. E. A. Dobson

(Address): 2635 N. Charles St

15 5 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to March 14, 1926, that I last saw h alive on March 13, 1926, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

about (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood examination

(Signed) [illegible], M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Mar 16 1926

20 UNDERTAKER: Wm Fickner Sons

ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08390 E 08390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5506 Garrison Blvd ST., 27-3 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alphonso Megee

(a) RESIDENCE NO. 5506 Garrison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 7 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Garrison Elev Co City

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Charles R Megee

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Ella Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Ella Megee (Address) 5506 Garrison Blvd

15 MAR 5 1926 C. HAMPSON JONES, M. D. Registrar

Per A.R.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1925 to Mar 13 1926

that I last saw h[illegible] alive on Mar 13 1926

and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -
Chronic Nephritis - Chronic Myocarditis
Multiple Cerebral Hemorrhage

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chronic Nephritis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dr Bishop, M. D.

Mar 15, 1926 (Address) 501 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Mar 16 1926

20 UNDERTAKER W. J. Fichner & Son

ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08391 E 08391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elsie Fischer.

(a) RESIDENCE NO. Morris Hill Among St. Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John W. Fischer

6 DATE OF BIRTH (month, day, and year) May 15 1896

7 AGE Years 29 Months 10 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. W. Fischer Forest Park Md

15 5 1926 C. HARRISON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-22-1926 to 3-17-1926,

that I last saw her alive on 3-17-1926,

and that death occurred, on the date stated above, at 7 05 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs 7 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Bryant, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 3/19/26

20 UNDERTAKER Forsyth Farley Fulton

ADDRESS Forest Park

Cor.—1-12-23—M&T—100 Bks.

E 08392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08392

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hawkins Point Road. (ST.) 25-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Holloway.(C).

(a) RESIDENCE NO Hawkins Point Road. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored.	Married.

6a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of George Holloway.(C).

DATE OF BIRTH (month, day, and year) April 16, 1880.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER Edward Bennison.(C).

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Wallace.(C).

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Shields Bennison.(C)(brother).

(Address) Hawkins Point Road.

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18th 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds

(Signed) Otto Leonhardt, M. D. (Coroner.)

March 18, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Auburnbeen — DATE OF BURIAL 3/16 1926

20 UNDERTAKER Jas In. Shimer — ADDRESS 1625 E. Mad St

Registrar

Spec.—12-9-25—A Co.—200 Bks.

E 08393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-021

E 08393

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 954 N. Chapel St., 7-2 Ward)

2-FULL NAME Vaclav Chvala

(a) RESIDENCE NO. 954 N. Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rose Chvala

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Chvala

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Dalla Bauska

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bohemia

14 Informant: Rose Chvala

(Address): [redacted] N. Chapel St.

5 1926 C. HAMPSON JONES, M. D. Registrar

Per NAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7 1926 to March 13 1926, that I last saw [illegible] alive on March 13 1926, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rynard, M. D.

3-13-26 (Address) 5[illegible] N. Chapel St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: Mar 16 1926

20 UNDERTAKER: Frank Evans & Son — ADDRESS: 916 Cathedral

Spec.—1-10-21—M&T—1500 Bks.

E 08394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08394

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 ~~Eso~~ Stricker ST. 16-7 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Hirshek

(a) RESIDENCE NO. 711 N. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Hirshek

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Not employed

9 BIRTHPLACE (city or town) (State or country) Pinsk Russia

PARENTS

10 NAME OF FATHER Theodor Hirshek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Geo. Kirshek 711 N. Eutaw St.

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926, to Jan. 15 1926, that I last saw him alive on Jan. 15, 1926 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent C. Wiker, M. D.

, 19 (Address) 875 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill DATE OF BURIAL Mar 18 1926

20 UNDERTAKER Frank Enoch Son ADDRESS 1906 Madison

Spec.—1-10-21—M&T—1500 Bks.

E 08395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08395

CERTIFICATE OF DEATH.

10108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Delaware ave ST., 37-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin P Crocker

(a) RESIDENCE NO. 4809 Delaware ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Amelia E. Crocker

6 DATE OF BIRTH (month, day, and year): Dec 16 1878

7 AGE: 47 Years | Months 2 | Days 27 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst Foreman

(b) General nature of Industry, business, or establishment in which employed (or employer): Shipping room

(c) Name of employer: Montgomery Ward Co.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James A. Crocker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Kilpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Johnson W Crocker

(Address): 4809 Delaware ave

15 [illegible] 19 J. HAMPSON JONES, M. D. Registrar

MAR 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to March 13, 1926, that I last saw h alive on March 12, 1926, and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) C. B. Emmert, M. D.

3-13, 1926 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk.

DATE OF BURIAL: 3/16 19 26

20 UNDERTAKER: [illegible]

ADDRESS: 1460 Gilmor

E 08396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08396

CERTIFICATE OF DEATH.

Registered No. C 1513

1-PLACE OF DEATH

City of BALTIMORE: (No. 2846 Boorman Ave St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Clarke

(Residence in Baltimore: No. 2846 Boorman St. 1 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Jan (Month) 2 (Day) 1925 (Year)

7-AGE: 1 yrs. 2 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Robert L Clarke

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Eleanor G Clarke

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L Clarke

(Address) 2846 Boorman Ave

15- MAR 16 1926 HAMILTON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 14 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. gastro enteritis
(24 hours)
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions
(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

3/14/1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral DATE OF BURIAL, Mar 16 1926

20-UNDERTAKER, Wm Cook ADDRESS 502 E Monument Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08397

CERTIFICATE OF DEATH.

E 08397.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Olive St., 23-W WARD)

2-FULL NAME John T Callahan

(a) RESIDENCE No. 1419 Olive ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Callahan

6 DATE OF BIRTH (month, day, and year): Oct 5, 1836

7 AGE — Years: 89 | Months: 5 | Days: 10 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Agnes Callahan

(Address): 1419 Olive St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to March 16, 1926

that I last saw h alive on March 16, 1926

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. B. K. Campbell M. D.

March 16, 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: March 17, 1926

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 08398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08398

CERTIFICATE OF DEATH.

52 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Virginia Courts ST., 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 412 N. Paris St.

(a) RESIDENCE NO. 412 N. Paris ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/28/1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lynchburg Va.

PARENTS

10 NAME OF FATHER Henry Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Goodloe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Rosa Mosely (Address) 412 Paris St.

15 Filed APR 16 1926 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/17/26, 1926, to 3/17/26 1926, that I last saw him alive on 3/17/26, 1926, and that death occurred, on the date stated above, at 8 P.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. ds.

over

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Cole, M. D.

(Address) 927 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 3/18 1926

UNDERTAKER Funeral Director

ADDRESS 916 Park

Spec.—1-10-21—M&T—1500 Blks.

E 08399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08399

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726½ (St.) Franklin (Ward) 17-3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Davis Scott

(a) RESIDENCE NO. 726½ St. Franklin WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE — Years: 30 — Months: — — Days: — — If LESS than 1 day, hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): —— 037

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Manuel Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Manuel Scott (Address): 726½ Franklin

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to March 13, 1926, that I last saw h[illegible] alive on March 11, 1926, and that death occurred, on the date stated above, at 10.40 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Tabulation

(Chronic)

(duration) Indef yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. S. Hawkins M. D.

(Address) 1419 Harrison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/16 1926

20 UNDERTAKER: Samuel Easton — ADDRESS: 916 Pa Ave

MAR 16 1926

Spec. 1-10-21—M&T—1500 Bks.

1899 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08400

CERTIFICATE OF DEATH.

38 E 08400

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry

(a) RESIDENCE NO. 1548 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: — Months: 1 — Days: — If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Clifton Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1926, to Mar. 8th, 1926, that I last saw h alive on Mar. 8th, 1926, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital syphilis.

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. W. Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

UNDERTAKER — ADDRESS

MAR 16 1926

JOHNS HOPKINS HOSPITAL HARRISON JONES, M.

JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08401

CERTIFICATE OF DEATH.

90E 08401

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2439 Edmondson St. 70-3 WARD)

2-FULL NAME Mrs. Mary Elizabeth Birchett

(a) RESIDENCE No. 2439 Edmondson Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 94 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Robert D Birchett

6 DATE OF BIRTH (month, day, and year) Feb. 19 1832

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
94	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Lewis S. Barenger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Barbara E Dawes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Richard T Birchett

(Address) 2429 Edmondson Ave

15 Filed MAR 16 1926, 19 ... HAMILTON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 15th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1926. to Mar. 15th, 1926.

that I last saw her alive on Mar. 10th, 1926.

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows: Arterio-Sclerosis. Chronic valvular disease of heart, with slight pleuritis & bronchitis near close.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Examinations

(Signed) O. St. Hoffman, M. D.

3/15. 1926 Address 3406 Walbrook Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Druid Ridge DATE OF BURIAL MAR 17 1926

20 UNDERTAKER Geo W Little ADDRESS 2700 Boulevard Ave.

Spec.—6-9-19—Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08402 — **E 08402**

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: No 909 E Preston ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Blair

(a) RESIDENCE. NO. 909 E Preston ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Blair

6 DATE OF BIRTH (month, day, and year): Sept 28, 184[illegible]

7 AGE — Years: 76 — Months: 5 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Md

PARENTS

10 NAME OF FATHER: E. J Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Mary Cooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md

14 Informant: Mrs B. A Riley

(Address) 909 E Preston St

15 Filed APR 16 1926 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Mch 12, 1926, to Mch 14, 1926,

that I last saw h[illegible] alive on Mch 14, 1926,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis of heart following
Pneumonia of Bilateral

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Robins, M. D.

, 19 (Address) 717 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: MAR 17 1926

20 UNDERTAKER: Geo W Little — ADDRESS: 2700 EDMONDSON AVE.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08403

CERTIFICATE OF DEATH.

90 E 08403

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Woodyear St. 16-6 WARD)

2-FULL NAME Susie Hosey

(a) RESIDENCE NO. 1117 Woodyear ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Phillip Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant daughter

(Address) 1117 Woodyear St.

15 Filed ... 19... MARION JONES, M. D. Registrar

R 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12/1926

17

I HEREBY CERTIFY, That I attended deceased from 3/1, 1926, to 3/12, 1926, that I last saw h[illegible] alive on 3/12, 1926, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Boston Kirk, M. D.

3/13, 1926 (Address) 912 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL 3/16 19...

UNDERTAKER Samuel R. Housley

ADDRESS [illegible] Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08404 CERTIFICATE OF DEATH. **E 08404**

REGISTERED NO.

1-PLACE OF DEATH Franklin Sq Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-2 ST. WARD)

2-FULL NAME Wm. Marshall

(a) RESIDENCE NO. 160 2 Eutaw Pl, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE: Years 40 Months 4 3 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Mary's Co. Md

PARENTS

10 NAME OF FATHER: Clement Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sally Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Susie Smith

(Address) 540 Druid Hill Ave

15 Filed 1 6 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/11, 19 26, to 3/15, 19 26, that I last saw h alive on 3/15, 19, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Caulfield M. D.

March 19 26 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL 3/17 19 26

20 UNDERTAKER: Saml J. Hursley ADDRESS Balto

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08405

CERTIFICATE OF DEATH.

E 08405

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital ST., WARD)

REGISTERED NO. 25-177

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Collier

(a) RESIDENCE NO. Hollins Ferry Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Collier

6 DATE OF BIRTH (month, day, and year) Feb 28 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas M Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Mary Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Harry Collier

(Address) Hollins Ferry Road

15 Filed MAR 16 1926 C. HAMILTON JONES, M. D. Registrar

by RK

Coroner's Case No. 1676

C. H. Jones M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/ 1926

I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1926, to Mar. 15, 1926

that I last saw h.er alive on Mar. 15, 1926,

and that death occurred, on the date stated above, at 11:25 A. m.

17 CAUSE OF DEATH* was as follows:

Bichloride of Mercury Poisoning

over

CONTRIBUTORY (Secondary) (duration) yrs. mos 11 ds.

Nephritis (duration) yrs. mos 10 ds.

Where was disease contracted if not at place of death? Home Hollins Ferry Rd.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? History & Autopsy

(Signed) J. Heron Hunter, M. D.

3/15, 1926 (Address) St. Agnes' Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Phoebus Va	Mar 16 1926

20 UNDERTAKER W. M. Cook

ADDRESS 502 E Northern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08406

E 08406

CERTIFICATE OF DEATH.

† 86-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No. 7-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley Wood

(a) RESIDENCE NO. 228 Decatur Ave, Cumberland, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2, 1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md U.S.A.

PARENTS

10 NAME OF FATHER Aaron Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Hygwity

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md U.S.A.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 16 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 15, 1926, that I last saw her alive on March 15, 1926, and that death occurred, on the date stated above, at 6:30 Pm.

The CAUSE OF DEATH* was as follows:

Birth Injury

(duration) Life mos ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Thos. W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rock Rd

DATE OF BURIAL: 4/16 19 26

20 UNDERTAKER: Jack Levis 1429 E Monument

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 08407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08407

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) 740 W. Mc Henry St. (WARD) 21-3

2-FULL NAME Anna E. ~~Emerson~~

(a) RESIDENCE NO. 740 W. Mc Henry ST. Emerson WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Harry T.

6 DATE OF BIRTH (month, day, and year): 6-30-1868

7 AGE: Years 57 Months 8 4 Days 14 17 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0'37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thos. Greason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary C Spence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Harry T Emerson 740 W Mc Henry

15 Filed 19 C. HAMPSON JONES, M.D. Registrar

Ref.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-14 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13 1926 to March 14 1926; that I last saw her alive on March 14 1926 and that death occurred, on the date stated above, at 115 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M.D.

3/15 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 3/16 1926

UNDERTAKER: Wm Coale

ADDRESS: 502 N

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08408

CERTIFICATE OF DEATH.

113

E 08408

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 704 W Saratoga St., 41 Ward)

2-FULL NAME James Wise

(a) RESIDENCE NO. 704 W Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year): Sept 18 1925

7 AGE — Years: 5 — Months: 2 — Days: 26 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of Industry, business, or establishment in which employed (or employer): 1

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Freadger Wise

11 BIRTHPLACE OF FATHER (city or town): VA

(State or country)

12 MAIDEN NAME OF MOTHER: Annie May Park

13 BIRTHPLACE OF MOTHER (city or town): VA

(State or country)

14 Informant (Address): 714 W Saratoga St, Annie May Wise

15 Filed ....., 19.... Per ..... Registrar

DEC 16 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14/ 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cy — Date of Burial: March 16 1926

20 UNDERTAKER: Leonard Wharton — ADDRESS: 309 Mosher St

Very important. See instructions on back of certificate.

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 08409

CERTIFICATE OF DEATH.

E 08409

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E Hoffman ST. 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Taylor

(a) RESIDENCE NO. 1600 E Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Robert B. Taylor

6 DATE OF BIRTH (month, day, and year) February 26th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas A Murphy

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Henderson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Robert B Taylor (Address) 1600 E Hoffman st

15 Filed ....19.... Registrar

MAR 16 1926 HAROLD J. ROSS M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1925 to Mar. 12, 1926

that I last saw her alive on Mar. 12, 1926

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 yrs. — mos — ds. (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum. X-Ray

(Signed) Edgar P. Sandrock M. D.

, 19 (Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Mar 17th 1926

20 UNDERTAKER George J. Miller & Son

ADDRESS 1125 E. Monument St

Spec.- 1-10-21—M&T—1500 Bks.

E 08410

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 08410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 24-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Woodward.

(a) RESIDENCE NO. 543. E. Fort. Ave ST., WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Hanah Woodward

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Geo. Woodward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo R. Woodward (Address) 543 East ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from March. 13 .1926. to March. 15 .1926.

that I last saw him alive on March. 15 .1926.

and that death occurred, on the date stated above, at 4:30p m.

The CAUSE OF DEATH* was as follows:

Arterial. Sclerosis.

Chr. Nephritis. Hypertension.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral. Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical

(Signed) Dr. M. Rhoades, M. D.

3/15. 1926 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar Springs Md. DATE OF BURIAL 3-18 1926

20 UNDERTAKER Ellis Harle ADDRESS 115 E Lexington

HOW IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 08411 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08411

CERTIFICATE OF DEATH.

REGISTERED NO. 10501

1-PLACE OF DEATH West Balto. Gen Hospital

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Wolfe

(a) RESIDENCE NO. 733X W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M. Wife

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER — Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Grace Wolfe

(Address) 733 W. Fayette St

15 Filed MAR 16 1926 By C. HAMPSON JONES, M. D. Registrar For PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1926, to Mar 13, 1926, that I last saw him alive on Mar 13, 1926, and that death occurred, on the date stated above, at 6:50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) R. Farlow M. D.

3/13, 1926 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Mar 16 1926

20 UNDERTAKER Harry H Nezbit

ADDRESS 1531 W. Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08412

CERTIFICATE OF DEATH.

90 E 08412

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 72-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F. Hand

(a) RESIDENCE NO. 307 Sharpe St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unter

6 DATE OF BIRTH (month, day, and year): [illegible] 1872

7 AGE: Years 54 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tool Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Janine Hand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. H.

14 Informant: Baltimore City Hospitals (Address)

15 Filed [illegible] 19 Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 14, 1926, that I last saw him alive on March 14, 1926, and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 7 Weeks

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) A. Lindsay Dodd M. D.

3/15/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Mar 16 1926

20 UNDERTAKER: Harry H. Weitzel ADDRESS: 1581 W Lombard

PRON IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08413

CERTIFICATE OF DEATH.

100-001

E 08413

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Wilkins ave ST. 20-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick S. Paul

(a) RESIDENCE No. 2239 Wilkins ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie J Paul

6 DATE OF BIRTH (month, day, and year) Feb 15 51

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Stephen Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Safford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Florence E. Paul

(Address) 2239 Wilkins ave

15 Filed 6 1926, 19 JONES, H. E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1926, to Mar 15, 1926, that I last saw him alive on Mar 15, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Senility or Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Pneumococcus Type I

(Signed) Chas. H. Whitelow M. D.

, 19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

DATE OF BURIAL. March 16 26

20 UNDERTAKER W M Routson

ADDRESS 223 N Mt Holly

Spec.—I-10-21—M&T—1500 Bks.

E 08414

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 001 08414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Moertz

(a) RESIDENCE NO. 928 Greenmount Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 yr.			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Moulder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Moertz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 6 1926 C. HAMPSON JONES, M. D. Registrar

F.T. RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7 1925 to March 15 1926, that I last saw him alive on March 15 1926 and that death occurred, on the date stated above, at 12:45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) ... yrs. ... mos. 1½ ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

3/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: March 18 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

FRONT—Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Community Hospital Balto. Md

CITY OF BALTIMORE: (No. 28 ST., WARD)

REGISTERED NO. 129 E 08415

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Genesta Francis (Francois Genesto)

(a) RESIDENCE NO. 430 2 Tenhill Ave. ST., WARD West Arlington

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Genesta

6 DATE OF BIRTH (month, day, and year) Nov Know 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72 6			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Pete Genesta

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Catharine Fenel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Community Records (Address)

15 Filed ....., 19.... Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 8, 1926, to Jan 15, 1926, that I last saw h alive on Jan 15, 1926, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Chr. Interstial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Br. Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 9

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) H. Douglas M. D.

, 19 (Address) Univ. Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL March 18, 1926

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08416

CERTIFICATE OF DEATH.

90 E 08416

1-PLACE OF DEATH

City of BALTIMORE: (No. 4707 Locust ave Govans 27-4 Ward) Registered No.

2-FULL NAME Luke T. Fields

(a) Residence No. 4707 Locust St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Jan 25, 1878

7-AGE: 48 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Ship
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Peter Fields

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary Devine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14- (Informant): Ella Fields
(Address): 4707 Locust ave

15- Filed 6 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3/15/26

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1926 to March 15 1926
that I last saw him alive on March 14, 1926
and that death occurred, on the date stated above, at 6 A.M.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Myocarditis

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. D. Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Govans — DATE OF BURIAL: 3/18 1926

20-UNDERTAKER: Mary M Wiedefeld — ADDRESS: 501 E 22

Spec.—1-10-21—M&T—1500 Bks.

16 6908

1E 08417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+70 E 08417

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Mr. Leonard Jones

(a) RESIDENCE NO. ... Marshall - Texas ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3. ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept 1895

7 AGE: Years 30 yrs. Months 6 Days ..... If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

042

9 BIRTHPLACE (city or town) (State or country): Texas

PARENTS

10 NAME OF FATHER: S-P. Jones-

11 BIRTHPLACE OF FATHER (city or town) (State or country): Texas

12 MAIDEN NAME OF MOTHER: Minnie Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Texas

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL,

15 Filed 1 6 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 16, 1926, that I last saw him alive on March 16, 1926, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess (Left frontal)

(duration) yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Marshall, Texas.

Did an operation precede death? Yes Date of 3/13/26 3/15/26

Was there an autopsy? Examination of head (Post mortem)

What test confirmed diagnosis?

(Signed) Robt. S. Allison Jr. M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marshall Texas

DATE OF BURIAL: March 16 1926

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 08418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/29 E 08418

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. (Ward) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Monelle Bird

(a) RESIDENCE NO. West Deer, Md. St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? 78 yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 18 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78 yrs.	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Bird

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant J. J. Bird Sr. (Address) Harmony Bacon Md

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-12-1926, to 3-16-1926, that I last saw h/M alive on 3-16-1926, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, with Lupus-Hepatis -

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Lennon, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Christ Church Cemetery — DATE OF BURIAL: May 16 1926

20 UNDERTAKER: R. L. Hopping, West River — ADDRESS: Annapolis Md

Spec.—1-10-21—M&T—1500 Blks.

E 08419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 08419

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Towanda Ave. St. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Annie Eliza Stevens

(a) RESIDENCE NO. 3804 Towanda Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or (D)ivorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Stevens

6 DATE OF BIRTH (month, day, and year): March 8, 1856

7 AGE: Years 70 Months # Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: William Parlett.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Louisa Scrivener

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: E. N. Stevens

(Address): 3804 Towanda Ave

15 Filed: 6 1926

C. HAMPSON JONES, M. D. Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 16, 1926,

that I last saw h[illegible] alive on March 16, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Mary M. Allen, M. D.

3/16, 1926 (Address) 1316 W. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park.

DATE OF BURIAL: Mar. 19 1926

20 UNDERTAKER: Easton Sons.

ADDRESS: Ellicott City

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08420

CERTIFICATE OF DEATH.

74-001 E 08420

1-PLACE OF DEATH

City of BALTIMORE: (No. 2032 E. Monument St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Hohman

(a) RESIDENCE NO. 2032 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad. Hohman

6 DATE OF BIRTH (month, day, and year): Oct 21- 184[illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	83	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Jacob. Kinzle

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Lemley

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Mrs. Wm. M. Lawthop

(Address): 2899 Raynor

15 Filed: [illegible] 1926 C. HAMPSON JONES, M. D., Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from March 10th, 1926, to March 16, 1926

that I last saw h[illegible] alive on March 15th, 1926

and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Arteio-Sclerosis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY Arterial Hemorrhage

(Secondary)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted —

If not at place of death —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Hyp. Leg. to

(Signed) Frederick S. Culver, M. D.

, 19 (Address) 7847 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London P.K Cem

Date of Burial: 3/19 1926

20 UNDERTAKER: Mrs. Wm. M. Lawthop

ADDRESS: 2899 Ray

very important. See instructions on back of certificates.

Spec.—1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08421 E 08421

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 635 Wyth St. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Harrigan

(a) RESIDENCE No. 635 Wyth St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX . 4 COLOR OR RACE 5 ~~Single~~, Married, Widowed, or Divorced, (write the word)

Male White Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Harrigan

6 DATE OF BIRTH (month, day, and year) Aug 14 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove Moulder

(b) General nature of Industry, business, or establishment in which employed (or employer) 047

(c) Name of employer Settens Stove Works

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Dennis Harrigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Maggie Harrigan (Address) 635 Wyth St

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

6 1926 Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5 , 1925 , to Mch 15 , 1926.

that I last saw him alive on Mch 13 , 1926.

and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration,

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Hypertension Congestion of Lungs

(duration) yrs. 6 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. W. Tracy, M. D.

, 19 (Address) 1812 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 17 1926

20 UNDERTAKER: Jos Foersdens Son — ADDRESS: 1173 Pac

PENALTY FOR MAKING FALSE REPORT. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 08422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08422

CERTIFICATE OF DEATH.

202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J.Walter Files.

(a) RESIDENCE No 2209 E.Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE OF~~ Maude A.Files.

6 DATE OF BIRTH (month, day, and year) May 4,1878.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER William H.Files.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Jane Parrott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

PARENTS

14 Informant Maude A. Files.(wife)
(Address) 2209 E.Fayette St.

15 Filed MAR 16 1926, 192 C. HAMPSON JONES, M.D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the spine.
Struck by a falling plank.
Accidental Death
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner)
March 16, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
Mutual Life Insurance Building 3/15/26

Former or usual residence Charles & Chase st.

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 18 1926
20 UNDERTAKER	ADDRESS
Wm C. Black	427 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

08423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10F-001

E 08423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hospital ST., 9-3 WARD)

2-FULL NAME Mrs Ada McIntire

(a) RESIDENCE NO. 1619 E. 29th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M McIntire

6 DATE OF BIRTH (month, day, and year) Feb. 14-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Connecticut

PARENTS

10 NAME OF FATHER Cornelius Van Deride

11 BIRTHPLACE OF FATHER (city or town) (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Mary J Carlton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Connecticut

14 Informant Mrs Ada McIntire (Deceased)

(Address) 1619 E 29th Street

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per L.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1926, to Mar 15, 1926,

that I last saw h[illegible] alive on Mar 15, 1926,

and that death occurred, on the date stated above, at 10.15 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Kent C. Thompson M. D.

, 19 (Address) Md Gen'l Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Mar 17, 1926

20 UNDERTAKER Joseph B Cook ADDRESS 803 N Gilmor St

FROM A very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08424

CERTIFICATE OF DEATH.

17E 08424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp ST. 21-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Streaker

(a) RESIDENCE NO. 1928 W. Fairmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca J. Streaker

6 DATE OF BIRTH (month, day, and year): Nov 17 1854

7 AGE: Years 71 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer N. C. R. R.

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: James E. Streaker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Henry C. Streaker

(Address): 1928 W. Fairmount.

15 Filed 6 1926

C. HAMPSON JONES, M. D.

19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-16-1926

17

I HEREBY CERTIFY, That I attended deceased from 2-26, 1926, to 3-16, 1926,

that I last saw him alive on 3-16-, 1926,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy (Benign)

(duration) yrs. 6 (?) mos ds.

CONTRIBUTORY (Secondary) Chr. Diffuse Nephritis - Uremia (duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 3-13-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Mar. 18 1926

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 N. Gilmor St

IMPORTANT: See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08425

CERTIFICATE OF DEATH.

179 E 08425

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. 25-3

CITY OF BALTIMORE: (No. Fayette and Dukeland ST.) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Strauss

(a) RESIDENCE NO. 2732 Washington Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dt.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) SEP 22 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	5 6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. A. Strauss MD

(Address) 2732 Washington Blvd.

15 FILED 6-1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/1926

17 I HEREBY CERTIFY, That I attended deceased from 2/27, 1926, to 3/16, 1926

that I last saw h alive on 3/16, 1926,

and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Myocardial insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Auto cardiac thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. Wesanty, M. D.

, 19 (Address) U. B. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Am

DATE OF BURIAL: 3-18 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Baltimore

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08426

CERTIFICATE OF DEATH.

90

E 08426

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 Hayward Ave. 27 Ward)

2-FULL NAME Jane Wilson Gemmill

(a) RESIDENCE NO. 809 Hayward Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (illegible)

6 DATE OF BIRTH (month, day, and year) May 19 1837

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	88	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Del.

PARENTS

10 NAME OF FATHER David N Gemmill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Del.

12 MAIDEN NAME OF MOTHER Elizabeth B Hamilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Frank C. Gemmill

(Address) 809 Hayward Ave

Filed 6 1926 19 C. HAMPSON JONES, M. D. Registrar

Per A H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 15, 1926, that I last saw h— alive on Nov 15 1926, and that death occurred, on the date stated above, at 6-30 a.m.

The CAUSE OF DEATH* was as follows: Cerebral disease of the brain Aortic Stenosis many years,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of XX.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robert F. Hardesty, M. D.

, 19 (Address) Main & Hayward Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Christ Church Del. Nov 18 1926

20 UNDERTAKER ADDRESS

William Cole & Son

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(George W. Jones)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08427

167-001

E 08427

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3219 E. North St. 17-6 Ward)

2-FULL NAME Rev. W. Jones Sr.

(a) RESIDENCE NO. 3219 E. North St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 64. Months: yrs. Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grain Weigher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Rev. Jones Sr.

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Hannah Jackson

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Roland Tucker

(Address) 2 S. E. 21

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas. by inhaling Gas in bath room

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Suicide

(duration) yrs. mos. ds.

March 17 1926 (Signed) W. J. Riley M. D.

(Coroner)

(Address) 1038 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — Date of Burial: 3/17 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette

very important. See instructions on back of certificate.

MAR 19 1926 CLERK

Par

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08428

CERTIFICATE OF DEATH.

105

E 08428

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W. Lexington ST. 18-1 WARD)

2-FULL NAME Moy Duig

(a) RESIDENCE No. 1008 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Mongolian White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15 1871

7 AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER Moy Ow

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER Goon Many

13 BIRTHPLACE OF MOTHER (city or town) (State or country) China

14 Informant (Address) Moy Henry 412 Forsyth av

15 6 1926 C. HAMPSON JONES, M. D. Registrar

For RCA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 15, 1926.

that I last saw h[illegible] alive on March 15 1926,

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cholera Infantum

(duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Volentine M. D.

March 16, 1926 (Address) 14 So Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: March 17 1926

20 UNDERTAKER: John D. Mitchell ADDRESS: 1201 W Fayette

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1929 E 08429

1-PLACE OF DEATH

City of BALTIMORE: (No. 29 S Strieker St St. 19-1 Ward) Registered No. 577

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. McLain

(a) Residence No. 295 Strieker St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm McLain

6-DATE OF BIRTH (month, day and year) Mar. 27. 1855

7-AGE. 70 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.? 18

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Dunmore Pa

PARENTS.

10-NAME OF FATHER. Jacob Johnston

11-BIRTHPLACE OF FATHER (city or town) (State or Country). New Jersey

12-MAIDEN NAME OF MOTHER. Amelia Kutz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Fishers Ferry Pa.

14- (Informant) Ruth E. Forrest

(Address) 295 S Strieker St

15- Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per Ford

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 15, 1926

17. I HEREBY CERTIFY, That I attended deceased from March 10 1925 to March 15 1926

that I last saw h— alive on March 12 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Chr. Int. Nephritis -

Chr. Myocarditis -

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Gallstones

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. V. Brooks M. D.

Mar 16, 1926 (Address) 511 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Enola Pa DATE OF BURIAL. March 18 1926

20-UNDERTAKER. John O. Mitchell ADDRESS 1201 W Fayette St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ **E 08430**

E 08430

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 S. Sharp St. 23-1 Ward)

2-FULL NAME Daniel Miller

(a) RESIDENCE NO. 1001 S. Sharp St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 23-1912

7 AGE: Years 13 14 | Months 5 | Days 23 21 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School-Boy

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town): Cincinnatti

(State or country): Ohio

PARENTS

10 NAME OF FATHER: Sam Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Anna Karasik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Sam Miller

(Address): 1001 S. Sharp St.

15 Filed APR 17 1926 19 H. [illegible] Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 3-16-26

17 I HEREBY CERTIFY, That I attended deceased from January 19 26 to March 16 19 26.

That I last saw h[illegible] alive on March 14 19 26, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows: Rheumatic Cardio Vascular Disease Chronic Pericarditis & Endocarditis.

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Embolus

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

3/5 19 26 (Signed) Isaac F. Senger, M. D.

(Address) 2002 E. Fratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mortimer and Co. Date of Burial 4/17 19 26

20 UNDERTAKER: Jos. Lewis ADDRESS 1129 E. Fratt St

very important. See instructions on back of certificate.

Spec. 31-10-21—M&T—1500 Bks.

1895 31

E 08431 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 08431

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 13 WARD)

2-FULL NAME Bessie Prochazko

(a) RESIDENCE No. 616 N. Belnord Ave. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9 1918

7 AGE: Years 7 Months 7 6 Days 9 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At School

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Prochazko

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Bessie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1926, to Jan 16th, 1926, that I last saw h alive on Jan 16th, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 616 N. Belnord Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dr Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: March 1926

20 UNDERTAKER: August Pasch. — ADDRESS: 249 E Ashland Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08432

CERTIFICATE OF DEATH.

181-601

E 08432

1-PLACE OF DEATH

City of BALTIMORE: (No. 4404 Ready Ave St. 27-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Arthur Hughes

(a) RESIDENCE NO. 4404 Ready Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hughes

6 DATE OF BIRTH (month, day, and year) Dec 25/1862

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	63	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER James Hughes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Shannon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Catherine Hughes

(Address) 4404 Ready Ave

15 Filed MAR 17 1926 19 C. HANSON JONES, M. D. Registrar

By R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
Accidental- Gas heating stove only
partially lighted in bed room

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. [illegible] M. D.
(Coroner)

3/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery. Date of Burial Mar. 18 1926

20 UNDERTAKER Robt T. Turner. Inc ADDRESS 1442 N. Broadway

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

08433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002 E 08433

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 56 Harly St ST. B-7 WARD)

2-FULL NAME Clarence H^me Jilton

(a) RESIDENCE NO. 56 Harly St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22 1925

7 AGE Years 6 M 23 D 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Howard H^me Jilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Bertha Hare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Bertha H^me Jilton 56 Harly St

15 Filed 3/16 19 26 (CHAS. JONES, M. D.) Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 26

17 I HEREBY CERTIFY, That I attended deceased from 3/6 , 19 26 to 3/15 , 19 26

that I last saw h^ alive on 3/15 , 19 26

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Duberted Dupleyi

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. Hamilton Lee M. D.

3/16 , 19 26 (Address) 3701 Clark Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden Md | DATE OF BURIAL 3/18 19 26

20 UNDERTAKER: Ehenowith Son | ADDRESS 617 Eutaw St

THON is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08434

CERTIFICATE OF DEATH.

3/ E 08434

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2004 Girard Ave (WARD) 12-1

2-FULL NAME Annie Kepner Becker

(a) RESIDENCE NO. 2004 Girard Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single, Married, Widowed~~, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ ✓ ✓

6 DATE OF BIRTH (month, day, and year) Aug 17 1893

7 AGE Years 32 Months 7 Days 29 If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm H Kepner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Annie Yeakes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Annie Rigney (Address) 2004 Girard Ave

15 Filed MAR 17 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1925 to March 16 1926 that I last saw h— alive on March 15 1926 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Fleming M.D.

3-16 1926 (Address) 3701 Reed St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Govans DATE OF BURIAL March 18 1926

20 UNDERTAKER Ehenowetth Son ADDRESS 3611 Chestnut

ATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08435 1926

114 1882 44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1920 Ething St. (St.) 11 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emeline Pauline

(a) RESIDENCE NO. 1920 Ething St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Cauley

6 DATE OF BIRTH (month, day, and year): May 10th 1882

7 AGE: Years 43 44 Months 10 Days 6

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: J. Thos Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas Cauley

(Address): 1920 Ething St

15 Filed 7 1926

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1926, to March 16th, 1926, that I last saw her alive on March 12th, 1926, and that death occurred, on the date stated above, at 7 a m

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary): Malnutrition Gen. Athero sclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. B. Glascock, M. D.

, 19 (Address) 1802 Pennsylvania ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: March 18th 1926

20 UNDERTAKER: Thomas E. Wright & Son

ADDRESS: Mount Royal

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bkm.

Goodman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08436

CERTIFICATE OF DEATH.

31

E 08436

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 549 S Dallas St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Goodman

(a) RESIDENCE NO. 549 S Dallas St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Goodman

6 DATE OF BIRTH (month, day, and year) Nov 30 1882

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	43	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Sweeper

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer City

9 BIRTHPLACE (city or town) _____

(State or country) W Va

PARENTS

10 NAME OF FATHER Geo Goodman

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) W Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) unknown

14 Informant Anna Goodman

(Address) 549 S Dallas

Filed MAR 17 1926 19___

Registrar R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

Hemorrhage

Pleurisy / Empyema, Chronic

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James H Hinton M. D.

(Coroner)

19 26 (Address) 401 Court Square

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. Date of Burial March 18 1926

20 UNDERTAKER H W Ozazewski ADDRESS 1930 Eastern Ave

Very important. See instructions on back of certificate.

DEATH in plain terms, so that it may be properly classified. GIVE OCCUPATION in

Spec—12-23-2t—E.B.R.S.—400 Bks.

E 08437 HEALTH DEPARTMENT—CITY OF BALTIMORE E-08437

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 N. Curley St.,] 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Anna Bertha Willing

(a) Residence No. 606 North Curley St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced (HUSBAND of ~~her~~) WIFE of Rudolph W. Willing

6-DATE OF BIRTH (month, day and year) June 10, 1844

7-AGE, 11 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... (State or Country), Germany

PARENTS:

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country), Germany

14- (Informant) Herman R. Willing

(Address) 606 N. Curley St. City

15- ...Registrar.

MAR 7 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 17-26.

17- I HEREBY CERTIFY, That I attended deceased from Feb 28, 1926, to March 17, 1926, that I last saw her alive on March 17, 1926, and that death occurred, on the date stated above, at 5:10 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis - Hypertension Chr. - Brights

(Duration) 4 yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy exam - Xray

(Signed) Louis F. Flamm M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: March 19 26

20-UNDERTAKER, Geo. H. Little — ADDRESS 2758 Edmondson

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08438

CERTIFICATE OF DEATH.

E 08438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 S Fulton St. 14-2 Ward)

2-FULL NAME Elizabeth Mercer

(a) RESIDENCE No. 427 S Fulton ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. 4 ds. 15 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Sauers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant Edna Ward

(Address) 427 S Fulton ave

15 Filed ..... 19 .....

Per ..... Registrar

C. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/ 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/8/, 1926, to 3/15/, 1926,

that I last saw her alive on 3/15/26, 19 ,

and that death occurred, on the date stated above, at 11:05 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Nephritis

(duration) two yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Coma

(Signed) Bernard Jung, M. D.

3/16/1926 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL March 18 1926

20 UNDERTAKER Mc-Mechen & Sons — ADDRESS 2512 Westwood

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08439

CERTIFICATE OF DEATH.

74 08 2 E 08439

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 McCabe Ave ST. 27-9 WARD)

2-FULL NAME Louis R. Sheats

(a) RESIDENCE NO. 723 McCabe Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide R Sheats

6 DATE OF BIRTH (month, day, and year) 8/12 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chestertown Md

PARENTS

10 NAME OF FATHER James Sheats

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chestertown Md

12 MAIDEN NAME OF MOTHER Margaret Sheats

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chestertown Md

14 Informant Mrs Adelaide Sheats

(Address) 723 McCabe Ave.

15 Filed MAR 7 1926 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to March 14, 1926, that I last saw him alive on March 13th, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

March 14 1926 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 3/17 1926

20 UNDERTAKER George J. Ruth

ADDRESS 1750 Harford Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08440

CERTIFICATE OF DEATH.

74-001

E 08440

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3315 Barkley St. 42-1 Ward)

2-FULL NAME Abram Thompson

(a) RESIDENCE NO. 3315 Barkley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Thompson

6 DATE OF BIRTH (month, day, and year) 2/15 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Abram Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Hilda

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant John Thompson

(Address) 1845 N Spring St

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

*Chronic Colitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Clemens M. D.

(Coroner)

March 16 1926 (Address) 1672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — Date of Burial 3/17 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 24-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Toyer

(a) RESIDENCE NO. 1010 Woodall ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8yr. yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer, Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER William Toyer

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Toyer

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed APR 7 1926 H. M. JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to March 14, 1926, that I last saw h living on March 14, 1926 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 6 (visitor) mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary infarct

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

3/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 3/17 1926

20 UNDERTAKER James Gaston

ADDRESS 916 Park

CAUSE OF DEATH must be plainly written, and state mode of progression. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08442

CERTIFICATE OF DEATH.

40 E 08442

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Colonial Hospital ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Bailey

(a) RESIDENCE No. 1134 Argyle Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE: 34 (Years | Months | Days | If LESS than 1 day, ... hrs or ..... min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: James Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Susan Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Geo Bailey

(Address) 1134 Argyle Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 8, 1926, to March 13 1926, that I last saw h alive on March 13, 1926 and that death occurred, on the date stated above, at 6-0 Am.

The CAUSE OF DEATH* was as follows:

Urinary ephusation

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-8-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Ejaculation

(Signed) Edward Brunton, M. D.

3/13, 1926 (Address) 1122 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 3/17 1926

20 UNDERTAKER: Frank Garton

ADDRESS: 916 Pa Ave.

FROM 10 TO 20 very important—See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08443

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS 23-1 WARD)

2-FULL NAME William Hawkins

(a) RESIDENCE No. 92 ½ Peach Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: 59 yr.

Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: ? Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed APR 17 1926, 19 Per

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926, to March 15, 1926, that I last saw living alive on March 15, 1926 and that death occurred, on the date stated above, at 2 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of esophagus

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory & autopsy

(Signed) W. Lindsay Miller, M. D.

3/16, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct

DATE OF BURIAL: March 1926

20 UNDERTAKER: S. H. Brown & Son

ADDRESS: 1600 Monument

TION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co.– 1000 Bks.

E 08444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08444

CERTIFICATE OF DEATH

Mt Hebron

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 67 Russell Street ST. 25 WARD)

2-FULL NAME Padie Lavender

(a) RESIDENCE. No. 67 Russell St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Lavender

6 DATE OF BIRTH (month, day, and year): May 8 1878

7 AGE: Years 47 | Months 10 | Days 6 | If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): General House Work

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Moses Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louisa —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hattie Walker (Address) 67 Russell St.

15 Filed . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/6/1926 to 3/14/1926 that I last saw her alive on 3/13/1926 and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Abent (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic) (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopical

3/15/1926 (Signed) Jno Bowley M. D. (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: March 17 1926

20 UNDERTAKER: H. W. Brandsen

ADDRESS: 1031 Mad

TION is very important. See instructions on back of certificates.

R 17 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08445

CERTIFICATE OF DEATH.

10 E 08445

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Duncan St., 1-1 WARD)

2-FULL NAME Elias B. Lloyd

(a) RESIDENCE NO. 411 S. Duncan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret Lloyd

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Park Police

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Annie Stinzendorfer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Margaret Lloyd 411 S. Duncan St

15 Filed . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/12, 1925, to 3/15, 1926, that I last saw h[illegible] alive on 3/15, 1926, and that death occurred, on the date stated above, at 12:25 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs Prob. mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Samuel B. Wilson, M. D.

, 19, (Address) 332 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemetery — DATE OF BURIAL March 18 1926

20 UNDERTAKER Henry Sander Sons Inc. — ADDRESS 1710 Pleasant

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

08446

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 08446

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 Forrest ST. 5-W WARD)

2-FULL NAME Bettie Belford

(a) RESIDENCE No. 345 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, ~~Widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John Belford

6 DATE OF BIRTH (month, day, and year) Feb 24 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tarboro N. C

PARENTS

10 NAME OF FATHER John West

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Nettie Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Roger Dorsey

(Address) 345 Forrest St

15 Filed MAR 7 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14. 1926. to March 15. 1926. that I last saw h alive on March 15. 1926, and that death occurred, on the date stated above, at 7 35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hemiplegia (Cva)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Thyroid & Evaluation

(Signed) Geo. S. Fellers, M. D.

3-12, 1926 (Address) 708 Somerset ST

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 3/18 1926

20 UNDERTAKER Byron Wright

ADDRESS 1118 McCulloh St

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08447

101-0

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 N. Calhoun St. 16-6 Ward)

2-FULL NAME Gertrude Sellman.

(a) RESIDENCE NO. 1030 N. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md,

PARENTS

10 NAME OF FATHER Herbert Sellman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Gertrude Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md.

14 Informant Herbert Sellman

(Address) 1030 N. Calhoun St.

15 Filed 4/9 1926 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17

I HEREBY CERTIFY, That I attended deceased from March 12 1926. to March 15. 1926,

that I last saw h-e alive on 3-15- . 1926

and that death occurred, on the date stated above, at 9 A — m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1030 Calhoun

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Boykin, M. D.

, 19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 3/17 1926

20 UNDERTAKER Mrs Jas H. Dennis per F. G. Nelson

ADDRESS 1303 Presstman St.

R 1/1926

CAUSE OF DEATH to print items, so that it may be properly classified. PLACE statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08448

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 N. Glover ST. 6-3 (WARD)

2-FULL NAME WALTER H. KUCINSKI,

(a) RESIDENCE NO. 16 N. Glover ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	White,	Single,

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 13-1926,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. 0

(b) General nature of industry, business, or establishment in which employed (or employer) None,

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) MD.

PARENTS

10 NAME OF FATHER Henry M. Kucinski,

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) MD.

12 MAIDEN NAME OF MOTHER Katharine Zemkowski,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) MD.

14 Informant Henry M. Kucinski,
(Address) 16 N. Glover Street

15 Filed MAR 17 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/26 19

17 I HEREBY CERTIFY, That I attended deceased from 3/14/26, 19 to 3/16/26, 19,
that I last saw him alive on 3/15/26, 19,
and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonal Embolism

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart

(Signed) [signature] M. D.

3/16/26 (Address) 201 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS CEMETERY — DATE OF BURIAL: MAR. 17 19 26

20 UNDERTAKER: M. F. Sadowski — ADDRESS: 705 S. Anna St

CAUSE OF DEATH must be given plainly, so that it may be properly classified. PHYSICIAN'S ATTENTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 08449

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Potomac ST. Beverly 25-7 WARD)

2-FULL NAME Charles Conrad Lang

(a) RESIDENCE NO. 309 Potomac ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. Brooklyn ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Lang

6 DATE OF BIRTH (month, day, and year): July 29. 1854

7 AGE — Years: 72 Months: 7 Days: 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacturer Oats

(b) General nature of industry, business, or establishment in which employed (or employer): Packing Pickles

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Charles Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Mealy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wife, Edna (Address): Mulberry ave. 5310

15 Filed 1926 G. HAMILTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1925 to March 14 1926, that I last saw him alive on March 14 1926, and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH was as follows:

Senility,

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Nephritis Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Hann, M. D.

, 19 (Address) 1215 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 3/17/1926

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 250 E Lanvale ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08450

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Wolfe St. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gonglewski

(a) RESIDENCE NO. 324 S. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, ~~or Divorced~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13 1925

7 AGE: Years — Months 7 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER John Gonglewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER France Nadolny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant France Gonglewski (Address) 324 S. Wolfe St

15 Filed MAR 17 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 16, 1926, that I last saw him alive on March 16, 1926 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis (acute)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Rehburger M. D.

19 (Address) 1709 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: March 18 1926

20 UNDERTAKER: Otto M. Weber — ADDRESS: 1803 Bank St

HAMILTON JONES, M. D.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08451

CERTIFICATE OF DEATH.

74-001

E 08451

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) (ST., 4-B WARD)

2-FULL NAME Ben Vondermohlen

(a) RESIDENCE NO. Fayette & Frederick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
50?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17 ... 19 26. to March 11 ... 19 26.

that I last saw him alive on March 11 ... 19 26

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Left hemiplegia (cerebral hemorrhage)

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) R Lindsay Milly M. D.

3/12 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

See letter in file 6-12-1926 from Attorney

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

E 08452

CERTIFICATE OF DEATH.

24 E 08452

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1012 Warren St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E Sweet (Anderson)

(a) RESIDENCE. No. 1012 Warren St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Blonde Colored

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anderson

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cooley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Elizabeth Williams
(Address) 1012 Warren St

15 Filed JUN 7 1926 19 C. HARRISON JONES, Registrar
Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926 to March 14, 1924 that I last saw h[illegible] alive on March 14 1924 and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) Charles W Fowlkes M. D.

(Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 3/17 1924

20 UNDERTAKER Samuel H Beasley ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08453

CERTIFICATE OF DEATH.

E 08453

90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 21 Locust St. Curtis Bay ST. 25-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antanie Schickton. (ANTONIE (SIGHTAN)

(a) RESIDENCE No 21 Locust St. Curtis Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a If married, widowed, or divorced (or) WIFE of Frank Schickton.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	----	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant William F. Schickton. (son)

(Address) 21 Locust St. Curtis Bay.

15 Filed ..... 192 ..... Registrar

MAR 7 1926

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

March 16, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Mar 18 1926

20 UNDERTAKER Frank E. Evans & Son — ADDRESS 1906 Bank [illegible]

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sacc. 14 9/25—A Co.—200 Bks.

E 08454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08454

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 404 S. Conn St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Canton Pipla

(a) RESIDENCE NO. 404 S. Conn St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
RUSBAND of
(or) WIFE of Canna Pipla

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: 75 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Pipla

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Ant Kvan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Frank Pipla

(Address) 404 S. Conn St

Filed MAR 17 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 19 to March 16, 19 26

that I last saw her alive on March 16, 19 26

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

Heart Disease (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Kyser M. D.

March 16 1926 (Address) 811 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: March 20 1926

20 UNDERTAKER: Frank Crook Son — ADDRESS: 1900 Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08455

CERTIFICATE OF DEATH.

100 001

E 08455

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. 17th St. St., 76 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J. Carrigan

(a) RESIDENCE No. 307 S. 17th St. St., 76 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	1	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew H. Carrigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Phoebe E. Hand. 3/16 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Andrew H. Carrigan

(Address) 307 S. 17th St

15 Filed MAR 17 1926 19 Registrar R.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 15, 1926, that I last saw ~~him~~ alive on March 15, 1926, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. [illegible] M. D.

(Address) 3307 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem. DATE OF BURIAL: Mch 17 1926

20 UNDERTAKER: Lilly & Feiler ADDRESS: 403 S. Wolfe St.

(Harrison Jones & Co.)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1899 E 08456

CERTIFICATE OF DEATH.

X 57 E 08456

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-1 ST. WARD)

2-FULL NAME Wilson H Cook

(a) RESIDENCE No. 1214 14th St. N.W. Wash. D.C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): H 031

(c) Name of employer: H

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Jno. A. Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.J.

12 MAIDEN NAME OF MOTHER: Jane Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

Filed MAR 17 1926 HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 16. 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 14, 1926, to Mar. 16, 1926, that I last saw h[illegible] alive on Mar 16, 1926, and that death occurred, on the date stated above, at 505 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes &
Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Amputation of leg. for gangrene (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?: ?

Did an operation precede death? Yes Date of March 16, 26

Was there an autopsy?

What test confirmed diagnosis? Chimalysis

(Signed) Reuben B. Holtman M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lock Haven Pa — DATE OF BURIAL: 3/17/26

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08457

CERTIFICATE OF DEATH

100-001 E 08457

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 2040 E. Baltimore Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Not Jadem Baby Kramer

(a) Residence No. 2040 E. Baltimore St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 3-6-26

7-AGE, 11 yrs. mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore, Md (State or Country).

PARENTS.

10-NAME OF FATHER, David Kramer

11-BIRTHPLACE OF FATHER (city or town) Russia (State or Country).

12-MAIDEN NAME OF MOTHER, Sadie Stop

13-BIRTHPLACE OF MOTHER (city or town) Russia (State or Country).

14- (Informant) David Kramer

(Address) 2040 E. Balto. St.

15- Filed. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1926 to March 17, 1926, that I last saw him alive on March 17, 1926, and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Isaacs M. D.

3-17-1926 (Address) 152 E. Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Lebanon Cem. DATE OF BURIAL. 3-17-1926

20-UNDERTAKER. Jack Levin ADDRESS 1639 E. Balto

In plain terms, to that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08458 E 08458

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Thomas

(a) Residence No. 770 Dover St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) March 11, 1926

7-AGE. ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Long

11-BIRTHPLACE OF FATHER (city or town) Royal Oak (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Anna Elizabeth Thomas

13-BIRTHPLACE OF MOTHER (city or town) Royal Oak (State or Country), Md.

14- (Informant) Anna Thomas

(Address) 770 Dover St.

15- Filed MAR 17 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 13, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1926 to March 13, 1926 that I last saw h[illegible] alive on March 13, 1926 and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Mar 13 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ADDRESS

Commissioner Health

Instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Spec.—1-10-21 M&T 1500 Bks.

E 08459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08459

CERTIFICATE OF DEATH.

161-20

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2581 N Lombard St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Domm

(a) RESIDENCE No. 2581 N Lombard St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/16-21

7 AGE Years Months Days If LESS than 1 day, hrs or 2 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Domm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Paula Cimmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address)

15 Filed 19 Per C. HAMPSON JONES, M. D. Registrar

T 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16 19 21

17

I HEREBY CERTIFY, That I attended deceased from 3/16, 19 21, to 3/16, 19 21

that I last saw h alive on 3/16, 19 21,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature (7½ mos

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ethel A Cerbo M. D.

3/16 19 21 (Address) 2105 N Bill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08460

CERTIFICATE OF DEATH.

E 08460

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Brehms Lane & Herring St., 36-1 Ward)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Breebach

(a) RESIDENCE NO. Brehms Lane & Herring Run St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph H. Breebach

6 DATE OF BIRTH (month, day, and year) Oct 12th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Adolph Gottschalk

11 BIRTHPLACE OF FATHER (city or town) Hessendarmstadt (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Speckt

13 BIRTHPLACE OF MOTHER (city or town) Hessen (State or country) Germany

14 Informant Rudolph H. Breebach (Address) Brehms Lane & Herring Run

15 MAR 17 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 to Mar 15 1926, that I last saw h[er] alive on Mar 15 1926 and that death occurred, on the date stated above, at 7.33 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William J Reynolds M. D.

(Address) Mar 17 1926 1 Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL March 19 1926

20 UNDERTAKER Fredk Lassahn & Sons — ADDRESS Fulton

Spec. 1-10-21 M&T 1500 Blks.

E 08461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08461

CERTIFICATE OF DEATH

100 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 6-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Richardson or Richards

(a) RESIDENCE NO. 427 N. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 62 yrs. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Lemuel Darsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Caroline Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

15 [illegible] 1926 [illegible] Registrar

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1925 to March 16 1926.

that I last saw her alive on March 16 1926.

and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Winslow Miller M. D.

3/16, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: 3-20 1926

20 UNDERTAKER: Mrs Lohse G. Bailey

ADDRESS: 1421 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Glascock - 1802 Penna ✓

E 08462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Oakhurst Place 16-3rd WARD) REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Darla B. Harris

(a) RESIDENCE NO. 1218 Oakhurst Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of: John Harris

6 DATE OF BIRTH (month, day, and year): Sept 13 1867

7 AGE: 59 Years — Months 6 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fairmount W. Va.

PARENTS

10 NAME OF FATHER: Rev. J. W. Bolton

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Catherine Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Parkersburg Va.

14 Informant: Mrs. C. P. Meyer

(Address): 1218 Oakhurst Place

15 Filed: MAR 17 1926 C. HAMPSON JONES, M. D. Registrar

Per: Roth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to March 17th, 1926, that I last saw h~~er~~ alive on March 12th, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary): Malnutrition, Feeble asthenia

(duration) 1 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? Fairmont W Va

Did an operation precede death? yes Date of about 1 mo ago

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) A. B. Glascock, M. D.

, 19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmont West Va — DATE OF BURIAL: 3/17 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E. North Ave

CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08463

CERTIFICATE OF DEATH.

74 5001 E 08463

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3719 Fait Ave. ST., 26-6 WARD)

2-FULL NAME John A. Scott

(a) RESIDENCE NO. 3719 Fait Ave ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scott

6 DATE OF BIRTH (month, day, and year) May 11-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Nellie Kressner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mary Scott (Wife)

(Address) 3719 Fait Ave.

15 Filed APR 7 1926, 19 C. HAMPSON JONES, Registrar

Per KPN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Mar 15, 1926, that I last saw him alive on March 15, 1926, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Gradual (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace H. Tilson M. D.

3/25, 1926 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem. DATE OF BURIAL: March 18 1926

20 UNDERTAKER: Lilly & Fuller ADDRESS: 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08464

CERTIFICATE OF DEATH.

E 08464

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 N Near Roland Ave St., 23 Ward)

2-FULL NAME Margarit Brown

(a) RESIDENCE NO. 1613 E 31st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Brown

6 DATE OF BIRTH (month, day, and year) Dec 10-1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER William P. Michaelis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Metta Rachel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Margaret S. Goers

(Address) 1613 E. 31st St

15 Filed ..... 19.. A. M. P. M. C. HAMPSON JONES, M. D. Registrar

1 7 1926 Per Reg

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) and thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John J. Morrissey M. D.

(Coroner)

Mar 17. 19 26 (Address) 1622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Oak Lawn Cem. March 18 19 26

20 UNDERTAKER ADDRESS

Lilly and Zeiler 403 S. Wolfe St

Do not write in this space. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08465

CERTIFICATE OF DEATH.

129 E 08465

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 7-1 Ward)

2-FULL NAME Jacob Clay

(a) RESIDENCE NO. 1929 Bank St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Clay

6 DATE OF BIRTH (month, day, and year) Jan 17/1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	43	1	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Dry Dock Co.

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Clay

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Reihlander

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Mary Clay (mother)

(Address) 1929 Bank St

15 Filed 19 Registrar

71026 RKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

(Autopsy at Church Home & Infirmary

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

(Signed) J. H. Cairns M. D.

(Coroner)

3/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Date of Burial Mar 20 1926

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

This should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08466

E 08466

CERTIFICATE OF DEATH.

74

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 N. Curley ST., (Ward) 6-3

2-FULL NAME Lena Eberle

(a) RESIDENCE NO. 31 N. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Eberle

6 DATE OF BIRTH (month, day, and year): Oct. 15 1863

7 AGE — Years: 62 Months: 5 Days: 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Bulls

PARENTS

10 NAME OF FATHER: Do not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Do not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Geo Eberle

(Address): 2293 Ecks

15 Filed C. HAMPSON JONES, M. D. Registrar

Per Rose

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 19 26, to March 16 19 26,

that I last saw h[illegible]live on 3 16, 19 26

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorhage

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. S. Greer M. D.

3/17/26 (Address) 405 O. Pattersonpark Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel DATE OF BURIAL: Mar 19 1926

20 UNDERTAKER: Peter Nicolaus ADDRESS: 2060 Eastern Ave

MAR 17 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08467

CERTIFICATE OF DEATH.

90 E 08467

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 E. Belvedere Ave. | WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Hammond

(a) RESIDENCE No. 124 E. Belvedere Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Hammond

6 DATE OF BIRTH (month, day, and year) May 17 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	56	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John James Griffith

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Ferree

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Minnie Griffith (Address) 1650 Fairleigh Ave.

15 Filed 7 1926 C. HAMILTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15" 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22- 1926, to Mch 15-th 1926, that I last saw h alive on Mch 15-th 1926, and that death occurred, on the date stated above, at 11 8 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart.
Chronic Bronchitis.
Passive Congestion of Lungs
(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Chronic Heart trouble
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Examination

(Signed) E. E. Nichols M. D.

3-16-1926 (Address) Parkville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Mar 19 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Eutaw St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

R 1

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08468 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 4-1 16-01 Registered No.....

City of BALTIMORE: (No. Lombard & Greene St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Girl Dehorty

(a) Residence No..... Crumpton Md. ..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 min. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 9, 1926

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Homer Willard Dehorty

11-BIRTHPLACE OF FATHER (city or town)..... Del.
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary Nannetta Robinson

13-BIRTHPLACE OF MOTHER (city or town)..... Crumpton
(State or Country), Md

14-

(Informant)..... Mary Dehorty

(Address)..... Crumpton Md.

15-

Filed ..... 192..... Registrar.

C. HAMPTON JONES, M. D.

R 1 8 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 9, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1926 to March 9, 1926

that I last saw h.s alive on March 9, 1926

and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature separation placenta

.....(Duration)..... yrs. ..... mos. ..... ds.

18-Where was disease contracted If not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Mar 9, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cremated at University Hospital Mar 9 1926 ..... DATE OF BURIAL, ... 19....

20-UNDERTAKER, ... ADDRESS .....

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08469

CERTIFICATE OF DEATH.

159.002 E 08469

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 712 Harford Ave St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Waddington

(a) RESIDENCE NO. 712 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 23/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			24 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Waddington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Colorado

12 MAIDEN NAME OF MOTHER Pearl Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Joseph Waddington

(Address) 712 Harford Ave

15 Filed MAR 8 1926, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Congental Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. McCain, M. D.

(Coroner)

3/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 3/18/26

20 UNDERTAKER Robert E. Williams ADDRESS 1515 Eden

S.S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08470

101-001

CERTIFICATE OF DEATH.

E 08470

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 W Hughes St 77-2 Ward)

2-FULL NAME Davis Swinson

(a) RESIDENCE NO. 105 W. Hughes St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of (?)

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bus yard

(c) Name of employer

9 BIRTHPLACE (city or town) (?)

(State or country) N. Ca.

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) (?)

14 Informant Sumner Jones

(Address) 119 W. Montgomery st

15 Filed MAR 18 1926 by _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 13 1926, to Mar 15 1926, that I last saw h[illegible] alive on Mar 15 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D H Connell, M. D.

3/16 1926 (Address) 1 Hoen Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — Date of Burial March 18th 1926

20 UNDERTAKER R L Parham — ADDRESS 906 Leadenhall st

NOTE.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-5 129 ~ E 08471

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1925 Guilford Ave (St.) (Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clementene Stauffer Suman

(a) RESIDENCE NO. 1925 Guilford Ave ST. WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 75 yrs. 0 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (b) WIFE of / HUSBAND of: Thomas C. Suman

6 DATE OF BIRTH (month, day, and year) March-4th-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): New Windsor Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Stauffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Engler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? ? ? ?

14 Informant: Mr Thomas C. Suman (Husband)
(Address): 1925 Guilford Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1923 to March 16 1926.

that I last saw h[illegible] alive on March 16 1926.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Endo Carditis

(duration) 2 yrs. + mos ds.

CONTRIBUTORY (Secondary) Chronic Interstit Nephr.

(duration) 2 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None of the above

(Signed) Walter C Bacon M. D.

3/17 1926 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March-18-1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM P. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE.

MAR 18 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08472

CERTIFICATE OF DEATH.

74E 08472

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Clifton Avenue ST. 15-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Richardson Kent

(a) RESIDENCE NO. 3006 Clifton Avenue ST. WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? 85 yrs. 6 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Thomas M. Kent

6 DATE OF BIRTH (month, day, and year) Sept-10-1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	7 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Beale H. Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Maryland

12 MAIDEN NAME OF MOTHER Mary Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr. Frank R. Kent (son)
(Address) 3006 Clifton Avenue

15 Filed MAR 18 1926 By C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 17, 1926, that I last saw h[illegible] alive on March 17, 1926, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) John A Leary M. D.

, 19 (Address) 101 N Leary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March-19 1926

20 UNDERTAKER: STEWART & HOWEN COMPANY (WILLIAM F. WOODEA, Successor) — ADDRESS: 108 W. NORTH AVE.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08473

CERTIFICATE OF DEATH.

90 E 08473

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Longwood Road ST. 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Hearle Thomas

(a) RESIDENCE NO. 200 Longwood Road ST. WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 56 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter W. Thomas

6 DATE OF BIRTH (month, day, and year) April-4-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Bristol
(State or country) England

PARENTS

10 NAME OF FATHER Rev. Henry H. Cole

11 BIRTHPLACE OF FATHER (city or town) Cornwall
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Jane Gandy

13 BIRTHPLACE OF MOTHER (city or town) Plymouth
(State or country) England

14 Informant Mr. Arthur E. Cole (brother)
(Address) 200 Longwood Road-Roland Park

15 Filed MAR 19 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17- 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar-5 1926 to March 17 1926.

that I last saw her alive on March 17 1926

and that death occurred, on the date stated above, at 5-P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage, Right Hemiplegia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis, Arteriosclerosis (duration) 2 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) M. Gibson Taylor M. D.

3/17/1926 (Address) 422 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL March 19 26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOOLEN, Successor) ADDRESS 108 W. NORTH AVE.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. EN- TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08474

CERTIFICATE OF DEATH.

90

E 08474

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000-Bellona-Av. ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Adelaide Woods

(a) RESIDENCE NO. 6000 Bellona-Av. ST., WARD Lutherville, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 65 yrs. 6 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Robert Woods

6 DATE OF BIRTH (month, day, and year): Sept-9-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	7 5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Herman Spilcker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bremen Germany

12 MAIDEN NAME OF MOTHER: Mary Emma Sadtler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: J. Robert Woods (husband)
(Address): Lutherville, Md.

15 Filed MAR 18 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 11, 1926, to March 15, 1926, that I last saw h[er] alive on Mch 16, 1926, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Sudden death - probably due to Thrombus.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

Mitral insufficiency (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno V Dorsey M. D.

, 19 (Address) 5635 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: March-18 26

20 UNDERTAKER: STEWART & MOWEN COMPANY (Oliver F. Mowen, Successor) — ADDRESS: 103 W. North Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. Ph... ...NS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08475

CERTIFICATE OF DEATH.

179 E 08475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 734 Eutaw St., 11-2 Ward)

2-FULL NAME Lena Barnes

(a) RESIDENCE NO. 734 Eutaw St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE: Years 4 Months 4 Days 4 mos. 4 ds. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Nature of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER B. Barnes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) B. Md.

12 MAIDEN NAME OF MOTHER Virgie Kirby

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Virgie Barnes
(Address) 734 Eutaw

15 Filed MAR 16 1926 Harrison Jones M. D.
Registrar
For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gen. burns. Accidentally received by child playing with fire

(Duration) yrs. (about) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed (Coroner), M. D.

March 19, 1926 (Address) 1647 Ruxton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 2 days yrs. mos., ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Date of Burial 3/18 1926

20 UNDERTAKER Laurel Gas Tar ADDRESS 916 Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08476

E 08476

CERTIFICATE OF DEATH.

5-2 75-80

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 618 N. Eden St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Hursey

(a) Residence No. 618 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): [illegible] 1867

7-AGE: 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

11- (Informant) John Travers

(Address) 618 N Eden St.

15- Filed [illegible] 192[illegible] C. MAYSON JONES, M. D. Registrar.

MAR 18 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 15, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926 to Mar 15 1926

that I last saw him alive on Mar 15 1926

and that death occurred, on the date stated above, at 6 26 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary) Paraplegia

(Duration) Several years yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward Fisher M. D.

3/16 1926 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Ashury Cemetery	Mar. 18, 1926
20-UNDERTAKER,	ADDRESS
Mrs R. G. Elliott	1525 Ashland Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08477 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 08477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 703 ST., WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Landragan

(a) RESIDENCE NO. 2201 W Fayette St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22, 1845

7 AGE Years 81 Months Days 23 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Landragan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Moulton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Sister Elizabeth Justa
(Address) 2105 Brookfield Ave

15 Filed MAR 18 1926 19 C. HAMPSON JONES, M. D. Registrar Per P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17- 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-17- 19 26. to 3-17- 19 26.

that I last saw her alive on 3-17- 19 26.

and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) P. F. Bergand M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL March 19 1926

20 UNDERTAKER George J. Smith

ADDRESS 1532 Wallis

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08478

CERTIFICATE OF DEATH.

E 08478

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3316 Beech Ave St.; 13-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth E Bale

(Residence in Baltimore: No. 3316 Beech Ave St.: ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 1, 1925 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J Lee Bale

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Ruth V Berstler

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth V Bale

(Address) 3316 Beech Ave

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1926, to March 17 1926, that I saw h er alive on March 17 1926, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

.....

.....

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ....yrs. ....mos. 5 ds.

(Signed) A. J. Danes M. D.

3-17, 1926 (Address) 800 W 32nd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Hummelstown Pa. DATE OF BURIAL, March 18 1926

20-UNDERTAKER Cohenower & Son ADDRESS 3617 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08479

CERTIFICATE OF DEATH.

E 08479

1-PLACE OF DEATH Hebrew Hosp.

CITY OF BALTIMORE: (No. ..... ST. 154 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Cohen

(a) RESIDENCE NO. 1815 Ruxton ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 36 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Cohen

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Etta Hurtbourn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mollie Cohen

(Address) 1815 Ruxton ave

Filed MAR 18 1926 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1926 to 3/18, 1926.

that I last saw him alive on 3/18 2:30 P.M., 1926,

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(duration) yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Philip Lawson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rock Road — DATE OF BURIAL: 3/18 1926

20 UNDERTAKER: Jack Levin — ADDRESS: 1439 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08480

CERTIFICATE OF DEATH.

77E 08480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 McHenry st., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Brunice McCullough

(a) RESIDENCE NO. 1515 McHenry st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 10 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. McCullough

6 DATE OF BIRTH (month, day, and year) April 21 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER John H. Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Lena F. Kuebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Geo Co md

14 Informant Charles L. McCullough (Address) 1515 McHenry st

15 Filed ... 1926 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/8/26, 1926, to 3/16/26, 1926, that I last saw her alive on 3/16/26, 1926, and that death occurred, on the date stated above, at 1 30 p. m.

The CAUSE OF DEATH* was as follows:

Agitated Depression

(duration) History 8 mos ds.

CONTRIBUTORY Stanton (Secondary)

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

What was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Bernard J. Ley, M. D.

(Address) 910 E Lanvale 3/17/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy — DATE OF BURIAL: Mar 20 1926

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2175 Pood

ART 8

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Coringi

E 9942 / E 08481

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 G-
E 08481

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 31

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loreta Caringi

(a) RESIDENCE NO. 303 S - Central Ave ST., WARD ..
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernino Caringi

6 DATE OF BIRTH (month, day, and year) Jan 9th 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H - W - 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Italy

PARENTS

10 NAME OF FATHER Jimy Hamada

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosi Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 18 1926, 19 HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 16, 1926, that I last saw her alive on March 16, 1926, and that death occurred, on the date stated above, at 10 50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NO

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 20th 1926

20 UNDERTAKER Frank V. Pipistone — ADDRESS 1800 E 33rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08482

CERTIFICATE OF DEATH

111 001 E 08482

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & olive sts ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Russell Webster

(a) RESIDENCE NO. 1915 Collington Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Webster

6 DATE OF BIRTH (month, day, and year): 1/12 1894

7 AGE: 32 Years | Months: 2 | Days: 4 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): fish market

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Deals Island Maryland

PARENTS

10 NAME OF FATHER: Freeman Webster.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Deal Island.

12 MAIDEN NAME OF MOTHER: Tessie Windsor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Deal Island.

14 Informant: Sarah Harrison

(Address): 1915 Collington ave

15 Filed ..., 19 ... C. HARRISON JONES, M. D. Registrar

MAR 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/10/26, 1926, to 3/16/26, 1926, that I last saw h[illegible] alive on 3/16/26, 1926, and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Ruptured gastric ulcer

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): generalized peritonitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 3/10/26

Was there an autopsy? partial. + clinical

What test confirmed diagnosis? autopsy + clinical

(Signed) H. R. M[illegible] & Connell M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Deal Island-Cemetery.

DATE OF BURIAL: 3/18 1926

20 UNDERTAKER: George A. Rutt

ADDRESS: 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08483

CERTIFICATE OF DEATH.

74002

E 08483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1606 E. Biddle ST. 8-4 (WARD)

2-FULL NAME Emma Bartel

(a) RESIDENCE NO. 1606 E. Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Bartel

6 DATE OF BIRTH (month, day, and year): July 18th, 1861

7 AGE: Years 64 Months 7 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: August Hoffmeister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Johanna Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. C. W. Sibert

(Address) 1606 E. Biddle St.

Filed MAR 18 1926, 19..

CLAYTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feby 5, 1926, to March 15, 1926, that I last saw h[er] alive on March 15, 1926, and that death occurred, on the date stated above, at 12 [illegible] p. m.

The CAUSE OF DEATH* was as follows:

Thrombosis - in branch left middle meningeal artery with Hemiplegia - Paralysis - speech + right arm (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cerebral arteris sclerosis. (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Mary D. McCarty, M. D.

3-17, 1926 (Address) 31 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 3.16 1926

20 UNDERTAKER: E. J. Fanning Inc. — ADDRESS: 1366 Lafayette Ave.

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08484

CERTIFICATE OF DEATH.

31

E 08484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1415 N. Collington Ave ST. 8-3 WARD

2-FULL NAME John C. Rohlfing

(a) RESIDENCE. No. 1415 N. Collington Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs 6 mos 17 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 25-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Rohlfing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D. C.

14 Informant Mrs. Jacob Schafer
(Address) 1415 N. Collington Ave

15 Filed MAR 18 1926 C. HAMPSON JONES, M. D. Registrar
Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 17, 1926, that I last saw him alive on March 16, 1926, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH was as follows:

Chronic Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition Unknown mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Bacilli in Sputum

(Signed) W. K. Ruman M. D.

, 19 (Address) 1729 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 20 1926
20 UNDERTAKER Finkler & Finkler	ADDRESS 1739 E. Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08485

CERTIFICATE OF DEATH.

188-002
188 E 08485

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 17-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Boritz

(a) RESIDENCE NO. 1705 Barclay St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Boritz

6 DATE OF BIRTH (month, day, and year) July 15/1869

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	56	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER Henry Boritz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Margaret Boritz

(Address) 1705 Barclay St.

15 Filed MAR 18 1926 Register

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage due to crushing both thighs between street cars while backing two trains into Belvidere car barns. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental (Duration) yrs. mos. ds.

(Signed) J. H. Paker M. D.

(Coroner)

3/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn Date of Burial March 19 1926

20 UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

E 08486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2E 08486

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1310 N Carey St WARD) 15-WP-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME John H Stemmer

(Residence in Baltimore: No.) 1310 N Carey St (38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July 31st 1867 (Month) (Day) (Year)

7-AGE: 58 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster House

9-BIRTHPLACE, (State or Country): Royal Oak Md

PARENTS.

10-NAME OF FATHER, William R Stemmer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Moore

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Stemmer

(Address) 1310 N Carey St

15- C. HARRISON JONES, M. D. Registrar.

MAR 18 1926 Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) C. Harrison Jones M. D. (Coroner)

March 17, 1926 (Address) 2502 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet DATE OF BURIAL, March 1926

20-UNDERTAKER Hammond Engel ADDRESS 864 Mary

8.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-25—M&T—1500 Bks.

1926 08487

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 08487

CERTIFICATE OF DEATH.

7135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 721 ST., WARD)

2-FULL NAME Mrs. John A. Hollenberger

(a) RESIDENCE No. 1117 Hamilton Blvd. ST. Hapeville WARD

(Usual place of abode) (If non-resident give [illegible] State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Hollenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Priscilla Harbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 MAR 18 1926 C. HAMPSON JONES, M. D. Registrar

Par 624

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1926, to Mar 18th 1926, that I last saw h[illegible] alive on Mar. 18th 1926 and that death occurred, on the date stated above, at 3:20 a. m.

The CAUSE OF DEATH* was as follows:

Renal Abscess - Right

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Benign Prostatic Hypertrophy

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 1 1926

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Robert Moncrief, M. D.

19 (Address) J H H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hagerstown Md

DATE OF BURIAL: 3/18/1926

20 UNDERTAKER: W. J. Zacher & Son

ADDRESS

WHITE PLAINLY WITH INK. ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Ida Anna Di Annunzio

E 08488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08488

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 220 N. Front ST. 5 1 WARD)

2-FULL NAME Ida Nicholas D'Annunzio

(a) RESIDENCE. NO. 220 N. Front ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 12, 1926

7 AGE: Years Months Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Nicholas D'Annunzio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Ida Nicholas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): parents Nicholas Di Annunzio Ida Di Annunzio

15 Filed MAR 18 1926 C. HAMPSON GIBNEY, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to March 17, 1926, that I last saw h[illegible] alive on March 17, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. E. Taylor M. D.

3/17, 1926 (Address) 902 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: March 20 1926

20 UNDERTAKER: Kendall & Leppold

ADDRESS: 3 S. Howard

WARNING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08489

CERTIFICATE OF DEATH.

90 E 08489

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1169 Battery Ave Ward 24-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. E. Gilbert

(a) RESIDENCE NO. 1169 Battery Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gilbert

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1847

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Wm. E. Gilbert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mrs Jay (Daughter)

(Address) 1169 Battery Ave

15 C. HAMILTON JEFFRIES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.17 1926

17 I HEREBY CERTIFY, That I attended deceased from 1.20 1926, to 3.17 1926, that I last saw him alive on 3.17 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hamilton Jeffries, M. D.

3.18 1926 (Address) 1028 Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Mar 20 1926

20 UNDERTAKER: Margaret G Flynn ADDRESS: 1413 Light

MAR 18 1926

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08490 E 08490

CERTIFICATE OF DEATH.

Registered No. 135

1-PLACE OF DEATH

City of BALTIMORE: (No. 2832 Woodbrook Ave St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Ann Deems

(a) Residence No. 2832 Woodbrook Ave St. ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. Life time mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac S Deems.

6-DATE OF BIRTH (month, day and year) 1862

7-AGE. 64 yrs. ✓ mos. ✓ ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md.

PARENTS

10-NAME OF FATHER, Jesse Gosnell.

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown.

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-

(Informant) Mrs Eva Garrett

(Address) 2708 Parkwood Ave.

15-

Filed MAR 18 1926

C. HAMPSON JONES, M. D.
Registrar.

Per ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 17-1926

17- I HEREBY CERTIFY, That I attended deceased from Jany 22 1926 to Mch 17 1926

that I last saw her alive on Mch 16 1926

and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ... yrs. 4 mos. ✓ ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) 4 yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods

(Signed) George E. Kummer M. D.

3/17, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 20 1926

20-UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. Fayette Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 08491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08491

CERTIFICATE OF DEATH.

20-V 90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Riverside Round House, B. & O. R. R. Co ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Bradley.

(a) RESIDENCE NO 39 S. Hilton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November--1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	4	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer B.& O.R.R.Co

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Daniel Bradley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Ruth Hooker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ruth Bradley. (mother)

(Address) 2039 W. Lanvale St.

15 Filed MAR 18 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

March 16, 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sharp Leonard Laurel Md. DATE OF BURIAL Mar 20 1926

20 UNDERTAKER F. A. Krause & Son ADDRESS 703 Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08492

62

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital Registered No.

City of BALTIMORE: (No. Lombard & Green St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Forrest

(a) Residence No. 1515 W. Franklin St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 15, 1926

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant (of)

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Ernest Forrest

11-BIRTHPLACE OF FATHER (city or town) St Marys Co. (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Evangeline Martin

13-BIRTHPLACE OF MOTHER (city or town) New York (State or Country), N.Y.

14- (Informant) Evangeline Forrest

(Address) 1515 W. Franklin St

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1926 to Mar. 17, 1926.

that I last saw her alive on Mar. 17, 1926

and that death occurred, on the date stated above, at 2.20 P.m.

The CAUSE OF DEATH* was as follows:

Thymolymphaticus

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Phys. Exam. & autopsy

(Signed) Frederick A. Sunder M. D.

Mar 17 1926 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

APR 8 1926

Commissioner of Health.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08493

CERTIFICATE OF DEATH.

31 E 08493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4126 Dalrymple ave St. 28-3 Ward)

2-FULL NAME Jennie Brownstein

(a) RESIDENCE NO. 4126 Dalrymple ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Brownstein

6 DATE OF BIRTH (month, day, and year) Dec 16 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Cohen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Elda M Mark

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eastern

15 Filed C. 19 C. HAMPSON JONES, M. D. Registrar.

MAR 18 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from January 1922 to March 17, 1926 that I last saw h.e. alive on March 17, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

4

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum examination

(Signed) Samuel Wolman M. D.

. 19 (Address) 2444 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Hebrew Friendship Cem 3/19 1926

20 UNDERTAKER ADDRESS

Jack Lewis 1439 Eastern

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08494 — CERTIFICATE OF DEATH. — CE 08494

REGISTERED NO. 98

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. (ST.) (WARD)

2-FULL NAME Florence C. Thomas

(a) RESIDENCE NO. Mt Vernon Pl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1916

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
9 years 6 mos.	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer) school

(c) Name of employer Co

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James B. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lelia A. Ruth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jas B Thomas Somerset-Md

(Address) Princess Anne

15 Filed MAR 18 1926 C. HAMPSON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-23, 1926, to 3-18, 1926.

that I last saw her alive on 3-18, 1926

and that death occurred, on the date stated above, at 2 Hrs P. m.

The CAUSE OF DEATH* was as follows:

Meningitis. (Acute)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Mastoiditis.

(duration) yrs. mos 21 ds.

18 Where was disease contracted if not at place of death? Lutherville

Did an operation precede death? No Date of 2-25-

Was there an autopsy? No

What test confirmed diagnosis? Spinal Tap. Lab.

(Signed) J. K. Berlet, M. D.

(Address) Mercy Hosp.

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Somerset Co. Md

DATE OF BURIAL March 20 1926

20 UNDERTAKER J. M. Rudisill Funeral Director

ADDRESS

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08495

E 08495

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 W Lexington St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie C Russo

(a) RESIDENCE NO. 604 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Russo

6 DATE OF BIRTH (month, day, and year) Oct 17, 86

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39 ~~40~~	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Indiana

PARENTS

10 NAME OF FATHER John Zehring

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Schleith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Peter Russo

(Address) 604 W Lexington St.

15 Filed [illegible], 19 [illegible] C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 10th, 19 26, to Mar 16th, 19 26, that I last saw h[illegible] alive on Mar. 16th, 19 26, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia complicating Chronic Nephritis (Interstitial)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral Incompetency

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Deu, M. D.

, 19 (Address) 2901 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial March 19 1926

20 UNDERTAKER H M Routson ADDRESS 2238 N Wolfe

MAR 18 1926

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 08496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08496

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3533 Roland Ave St., 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Cover

(a) RESIDENCE NO. 3533 Roland Ave St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Cover

6 DATE OF BIRTH (month, day, and year) Dec. 3-1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Road Supt. 078

(b) General nature of industry, business, or establishment in which employed (or employer) United R.R.

(c) Name of employer Retired 4 years

9 BIRTHPLACE (city or town) .....

(State or country) Frederick Co. Md

PARENTS

10 NAME OF FATHER Ephram S. Cover

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Maryland

14 Informant Mrs. Alice M. Cover

(Address) 3533 Roland Ave.

Rec'd ..... 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1925, to March 17, 1926, that I last saw h[illegible] alive on March 17, 1926, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Fiedler M. D.

. 19 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial March 20 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Rd.

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 18 1926

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08497

CERTIFICATE OF DEATH.

100-8001 F 08497

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1200 E. 41st St. St. 113-4 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur M. Wann

(a) RESIDENCE No. 1200 E. 41st St. St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 7-1926

7 AGE — Years: — Months: 2 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Orin E Wann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Martha E. Wann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Orin E Wann (Address) 1200 E. 41st St.

15 Filed: APR 18 1926 19 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 1 1926 to March 18 1926.

that I last saw him alive on March 17 1926,

and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency,

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wiseman, M. D.

, 19 (Address) 1400 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Marys, Hampden — DATE OF BURIAL: March 19 1926

20 UNDERTAKER: Horace M. Burgee — ADDRESS: 153 Hallsdale

Spec.—1-12-23—M&T—500 Blks.

(Thomas Rice)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08498

E 08498

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 446 Federal ST. 17-6 WARD)

2-FULL NAME Thomas Rice.

(a) RESIDENCE NO. 446 Federal ST. WARD Brunswick Co. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 51; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Stepney Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Thos Rice 446 Federal St.

15 Filed MAR 18 1926

16 C. HAMPSON JONES, M. D.

Per R T R

Registrar S. S. Hemsley

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/5, 1926, to 3/17, 1926, that I last saw h[illegible] alive on 3/16, 1926, and that death occurred, on the date stated above, at 5-4 m.

The CAUSE OF DEATH* was as follows:

(a) Influenza

(b) Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Emmett Cutler, M. D.

3/18, 1926 (Address) 2139 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alberta Va.

UNDERTAKER: Brunswick Co Va.

DATE OF BURIAL: 3/19/26

ADDRESS: [illegible]

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08499 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08499

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Eagle St. 10-6 Ward)

2-FULL NAME Bessie Dadd

(a) RESIDENCE. No. 2007 Eagle St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Dadd

6 DATE OF BIRTH (month, day, and year): July 25 1861

7 AGE: Years 64 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: London

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Charles D. Dadd 2007 Eagle St

15 Filed MAR 18 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1926, to Mar 16, 1926

that I last saw h[e] alive on Mar 15, 1926

and that death occurred, on the date stated above, at 12 [illegible] a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James H. Lundquist M. D.

17, 1926 (Address) 1729 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Mar 19 1926

20 UNDERTAKER: George Schwab

ADDRESS: Fremont & Eagle Sts

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08500

CERTIFICATE OF DEATH.

90 E 08500

REGISTERED NO. 13-49

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 832 W. 37 ST. (or WARD)

2-FULL NAME Martha V. Bailey

(a) RESIDENCE NO 832 W. 37 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E. Bailey

6 DATE OF BIRTH (month, day, and year): June 12, 1866

7 AGE — Years: 59 | Months: 9 | Days: 5 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co.

PARENTS

10 NAME OF FATHER: Isaac McCleary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co.

12 MAIDEN NAME OF MOTHER: Margaret Collett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co

14 Informant: Charles E Bailey
(Address) 832 W. 37 St

15 Filed MAR 19 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Edema of Lungs

Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Mar 19, 1926 (Address) 2132 Reland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hanover — DATE OF BURIAL: Mar 19 1926

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Falls Rd

Information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08501

E 08501

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5217 Denmore Ave 27-2 (WARD)

2-FULL NAME Carlie G. Lane

(a) RESIDENCE No. 5217 Denmore Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 7 1872

7 AGE — Years: 53 — Months: 10 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Photographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mildred Lane (Address) 5217 Denmore Ave

15 Filed MAR 19 1926, 19 Per

C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 26

17 I HEREBY CERTIFY, That I attended deceased from March 12 19 to March 16 26 19

that I last saw h— alive on March 16 19 26

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) 1 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: March 19 26

20 UNDERTAKER: Samuel E. Lemley

ADDRESS 578 W. Baltimore St.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 1125 35

E 08502

CERTIFICATE OF DEATH.

E 08502 / 89 0

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1944 Druid Hill Ave 14-1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Carter Jones

(Residence in Baltimore: No. 1944 Druid Hill Ave St. 17 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) ....., 1890 (Year) (Day)

7-AGE, 35 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James Jones

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Jane Carter

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beamon Jones

(Address) 1054 Argyle Ave

15- Filed MAR 9 1926 191.... Per ..... Registrar.

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of chest.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

March 17, 1926 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mapp Point Cemetery DATE OF BURIAL Mar 19 1926

20-UNDERTAKER Clarence E Wright ADDRESS 364 Mary

Spec.—1-10-21—M&T—1500 Bks.

E 08503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+45 E 08503

1-PLACE OF DEATH University Hospital Balto Md.

CITY OF BALTIMORE: (No. 4-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A. Ways.

(a) RESIDENCE NO. Jessup Md. ST., (4 yrs) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Ways.

6 DATE OF BIRTH (month, day, and year) Nov. 29-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	43 yrs	3	19 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R.R. Co.

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Thomas Ways

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maternity Records.

(Address) Edna Ways Jessup Md

15 Filed MAR 19 1926 19 [illegible] Registrar

C. HARRISON JONES, JR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 , 1926 . to Mar 18 , 1926.

that I last saw him alive on Mar 18 , 1926,

and that death occurred, on the date stated above, at 2 a . m.

The CAUSE OF DEATH* was as follows:

Carcinoma of duodenum

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 11 1925

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) R. L. McAnally M. D.

March 19, 1926 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Mar 20 1926
20 UNDERTAKER	ADDRESS 1944 W. North Ave
Harry W. Ehlen	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08504

CERTIFICATE OF DEATH.

7 E 08504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 S Wilkens St., 17 Ward)

2-FULL NAME James E. Juras

(a) RESIDENCE NO. 703 S Wilkens St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 31/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Joseph M Juras

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Margaret Weber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Margaret Juras

(Address) 703 S Wilkens

15 Filed MAR 19 1926, 19 H. Lincoln Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis following Measles

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Allen M. D. (Coroner)

3/19, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Redeemer Cem — Date of Burial — March 19 1926

20 UNDERTAKER — Henry Sander & Sons — ADDRESS — 1719 Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

08505

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 08505

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 313 S Bond St., 2 Ward)

2-FULL NAME Louis Wagner

(a) RESIDENCE NO. 313 S. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Common

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Louis Wagner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Collins Etzel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant M Schlaufer

(Address) 600 E Third St.

Filed MAR 19 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia probably 3 or 4 days was found dead

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fulton M. D.

(Coroner)

3 18 1926 (Address) 700 E Clare

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Hearts Cem Date of Burial Mar. 19 1926

20 UNDERTAKER Lillye Zeiler ADDRESS 1037 Wallbrook

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 08506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08506

1-PLACE OF DEATH

City of BALTIMORE: (No. 1024 McCulloh St. 11-1 Ward)

Registered No. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Geo Blackburne

(Residence in Baltimore: No. 1024 McCulloh St.; yrs. 30 mos. ds.)

WRITE IN B—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced (Write the word.) Widower

6-DATE OF BIRTH. 1846. (Month) (Day) (Year)

7-AGE. 80 yrs mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work: Marble Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Robt Kerr

11-BIRTHPLACE OF FATHER. (State or Country) Virginia

12-MAIDEN NAME OF MOTHER. Ann Kerr

13-BIRTHPLACE OF MOTHER. (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B Blackburne

(Address) 1024 McCulloh St

15-

Filed MAR 19 1926 C. HARRISON JONES, M. D. Per [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. March 15 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

arterio sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner)

3/18/1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. 3/20 1926

20-UNDERTAKER. Daniel Gaston ADDRESS 916 Park Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08507

CERTIFICATE OF DEATH.

41 ✓

REGISTERED NO. E 08507

1-PLACE OF DEATH

City of BALTIMORE: (No. 1457 Ward St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Edlin Hawkins

(a) RESIDENCE NO. 1451 Ward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
53	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Dont know

14 Informant: Mary Lewis

(Address) 701 Fallsway St

15 Filed ....., 19 .....

Registrar

MAR 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/10/26, to 3/17/26, 19..... that I last saw h— alive on 3/17/26, 19..... and that death occurred, on the date stated above, at 1.05 p.m.

The CAUSE OF DEATH* was as follows:

Syph. Ingestion

(duration) yr. mos. 10 ds.

CONTRIBUTORY (Secondary) Splinter in finger

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 3/10/26

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Philip Kind Davis, M. D.

, 19 (Address) 1427 Mosher Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 3/20 1926

20 UNDERTAKER: Samuel Foster ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08508

CERTIFICATE OF DEATH.

9 E 08508

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 328 N Stricker St., 14-1 Ward)

2-FULL NAME Bernice W. Murray

(a) RESIDENCE NO. 328 N Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feby. 2 1925.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Murray

11 BIRTHPLACE OF FATHER (city or town): Calvert Co

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sadie Fisher

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Mrs. Geo Murray

(Address): 328 N Stricker

15 Filed MAR 19 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14 1926, to March 18 1926, that I last saw her alive on March 17 1925, and that death occurred, on the date stated above, at 1 am

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) ...yrs. 10 mos. ...ds.

CONTRIBUTORY (Secondary): Pertussis

(duration) ...yrs. 2 mos. ...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M C Finlayson, M. D.

(Address) 682 Whitelock Bld.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: 3/20 1926

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Pear

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08509

CERTIFICATE OF DEATH.

5-2-129 E 08509

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 (St.) Mulliken (Ward) 5-2

2-FULL NAME Annie Cole

(a) RESIDENCE NO. 1411 (St.) Mulliken (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. *How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Alfred Cole

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Edward Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Phoebe Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Alfred Cole husband

(Address): 1411 Mulliken St

15 Filed MAR 19 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1926, to March 18, 1926, that I last saw h[illegible] alive on March 18, 1926 and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. 1 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R.K. M. D.

, 19 (Address) 14 Saratoga & Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: March 22 1926

20 UNDERTAKER: J. H. Rochester — ADDRESS: 1403 Jefferson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

08510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08510

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1527 Eutaw Place ST., 14 WARD)

2-FULL NAME Rev. John Edward Kleffman

(a) RESIDENCE NO. 1527 Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ella Kleffman

6 DATE OF BIRTH (month, day, and year): 4/11/1866

7 AGE — Years: 59 — Months: 11 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): York Penna.

PARENTS

10 NAME OF FATHER: Gottlieb Kleffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Yaugler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: A. H. Kleffman

(Address): 1527 Eutaw Place

15 Filed ..... 19.. Registrar: C. HAMPSON JONES, M. D.

MAR 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1926, to Mar 17, 1926, that I last saw him alive on Mar 17, 1926, and that death occurred, on the date stated above, at 10,23 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 1 year

Cerebral Hemorrhage 17 days

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. Heller Hemming, M. D.

3/18, 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Pennsylvania

DATE OF BURIAL: 3/20 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E Market St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08511 X 74-001 E 08511

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 639 N. Schroeder ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Ann Bruncie Etchison

(a) RESIDENCE. NO. 639 N. Schroeder ST., WARD. Md Guy
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Singl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Etchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant N. J. Gormley
(Address) 639 N. Schroeder St.

15 Filed MAR 19 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13th, 1926, to March 17th, 1926

that I last saw h alive on March 13th, 1926

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

A. Cardiac apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symps

(Signed) N. R. Mercer, M. D.

3/19, 1926 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cem. Mt Olivet DATE OF BURIAL Mar 19 1926

20 UNDERTAKER W. H. Cook ADDRESS 902 Edmondson Ave

INSTRUCTIONS.—WRITE WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08512

CERTIFICATE OF DEATH.

101 E 08512

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5831 York Rd ST. 27-7 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C Cox.

(a) RESIDENCE NO. 5831 York Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude J. Cox.

6 DATE OF BIRTH (month, day, and year): Nov 14 1859

7 AGE: Years 66. Months 4 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printing business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Jno Cox's Sons. 063

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Cox.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Kirby.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Gertrude J Cox
(Address): 5831 York Rd

15 Filed MAR 9 1926. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 17 1926, that I last saw h— alive on March 16, 1926 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Yocum, M. D.

3-17 1926 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem DATE OF BURIAL: Mar 19 1926

20 UNDERTAKER: Wm Cook & Son ADDRESS: 57 Wortley

Dr Kirk 3126 Guilford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 08513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08513

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 Belair Road ST. 76-1 WARD)

2-FULL NAME Emelia Vogel.

(a) RESIDENCE No. 11 Belair Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Vogel Sr.

6 DATE OF BIRTH (month, day, and year): June 24 1851

7 AGE: Years 74 Months 5 Days 24 If LESS than 1 day, hrs or min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geroge Lehmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George A Vogel

(Address): 3006 Guilford Ave

15 Filed MAR 9 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1926, to March 18, 1926.

That I last saw her alive on March 17, 1926

and that death occurred, on the date stated above, at 8:24 m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremic Coma.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert J. Kirk M/D.

3/19, 1926 (Address) 3126 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: March 20 1926

20 UNDERTAKER: W. H. Cook — ADDRESS: 502 E Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

08514

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001

E 08514

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. BALTIMORE CITY HOSPITALS ST. 24-3 WARD)

2-FULL NAME John Oliver

(a) RESIDENCE NO. 1514 Randall ST. 1413 Reynolds St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): ? 1864

7 AGE: Years 6 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Preston Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Baltimore City Hospitals Records

(Address)

Filed MAR 19 1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1926, to March 16, 1926, that I last saw h[illegible] alive on March 16, 1926, and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) O. Lindsay Miller, M. D.

3/17, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Mar 20 1926

20 UNDERTAKER: J. M. Cook

ADDRESS: 502 E. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

184943
E 08515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

001 S
10 E 08515

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 4 Hillcrest-Ave WARD 11)

2-FULL NAME Ezra Wolfe

(a) RESIDENCE No. 4 Hillcrest-Ave — Pontzville WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John S Wolf

6 DATE OF BIRTH (month, day, and year): May 3, 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
51 yrs.	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home MD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt (State or country) Md —

PARENTS

10 NAME OF FATHER Kapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Nachlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Friends JOHNS HOPKINS HOSPITAL

15 Filed MAR 19 1926, 19 Registrar C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 16, 1926, that I last saw her alive on March 16, 1926, and that death occurred, on the date stated above, at + 40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum-Blood Culture, &c.

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL 3/20 1926

20 UNDERTAKER: Herman Cook — ADDRESS 502 E Nash St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 08516

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen'l Hosp. ST., 9-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida May Andrews

(a) RESIDENCE NO. 509 E 28th St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida May Andrews

6 DATE OF BIRTH (month, day, and year) May 5 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER J. T. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Adeline Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mrs. Andrews
(Address) 509 E. 28th St.

Filed MAR 19 1926 MARY T. JONES, Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/16, 1926, to 3/19, 1926, that I last saw h[illegible] alive on 3/19, 1926, and that death occurred, on the date stated above, at 5.20 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 509 E. 28th St.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Laboratory

(Signed) [signature] M.D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 3/22 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Nay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08517

CERTIFICATE OF DEATH.

E 08517

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2235 E. Biddle St., 8-4 Ward)

2-FULL NAME Estrella Gonzalez Jamison

(a) RESIDENCE NO. 2235 E. Biddle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis

6 DATE OF BIRTH (month, day, and year) March 3, 1849.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	77		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self.

9 BIRTHPLACE (city or town) _____

(State or country) Balt.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Mrs. Louise Jamison

(Address) 2235 E. Biddle

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 10 19 26 to March 17 19 26.

that I last saw her alive on March 16 19 26

and that death occurred, on the date stated above, at 3 15 P. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hypertrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed) T. Edgar Bloom M. D.

19 26 (Address) 6008 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md. Date of Burial 20 1926

20 UNDERTAKER H. C. Ott & Son ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08518

CERTIFICATE OF DEATH.

31 E 08518

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 E Hamburg St. 24-1 Ward)

2-FULL NAME W. Cleveland Johnson

(a) RESIDENCE NO. 3 E Hamburg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 7 - 1909

7 AGE: Years 16 | Months 7 | Days 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Md

PARENTS

10 NAME OF FATHER Benjamin Johnson

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Md

14 Informant —

(Address) —

15 Filed MAR 13 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926 to March 18, 1926, that I last saw h.... alive on March 17 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary TB

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Johnson, M. D.

, 19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 3/20 1926

20 UNDERTAKER: Herman Cook — ADDRESS: 502 E North Ave

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08519

CERTIFICATE OF DEATH.

181001 E 08519

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5105 Holder Ave St. Hamilton 27-12 Ward)

2-FULL NAME Mary S. McPoland

(a) RESIDENCE NO. 5105 Holder Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 7/1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer): C. & P. Co 009

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto.Md

PARENTS

10 NAME OF FATHER: Chs. L. McPoland

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto.Md

12 MAIDEN NAME OF MOTHER: Ida May Simms

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md

14 Informant: Chas L. McPoland

(Address): 5105 Holder Ave

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
Accidental-evidently fell asleep & coffee pot boiled over & put out fire of gas range.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cullen M. D.
(Coroner)

3/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: March 20 1926

20 UNDERTAKER: Geo J. Ruth ADDRESS: 1735 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #21 W. Hamilton Ave St. 21 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emeron M. Seidel.

(a) RESIDENCE NO. #21-W. Hamilton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia A. Wolf.

6 DATE OF BIRTH (month, day, and year): 4/25/1849

7 AGE: Years 76 Months 10 Days 21 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer): Florist.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Michael Seidel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Seidel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Emeron M. Seidel

(Address): #21-W. Hamilton Ave

15 Filed MAR 15 1926 19 C. HAMPSON JONES, M.D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3/14/26 . 19 . to 3/17/26 . 19 .

that I last saw h alive on 3/17/26 . 19 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Symonds M. D.

3/19 19 26 (Address) 476 Hooper Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 3/20/26. 19

20 UNDERTAKER: George J. Ruth Jr. ADDRESS: 1735 Harford Ave

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

REGISTERED E 08521

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH E 08521

City of BALTIMORE: (No. 1908 E. Chase St. 8-4 St., Ward)

2-FULL NAME Bessie Friedlander

(a) RESIDENCE NO. 1908 E. Chase St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Friedlander

6 DATE OF BIRTH (month, day, and year) Sept 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of indnstry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Harry Friedlander

(Address) 1908 E Chase St

15 Filed....., 19..... C. HAMILTON JONES, M. D. Registrar

MAR 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feb 22 1926, to March 18, 1926, that I last saw h.... alive on March 18, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Rheumatism

Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

Chronic (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Dr. Eyerdam, M. D.

, 19 (Address) 1904 E Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Nerem Rest Date of Burial 3/19 19 26

20 UNDERTAKER Jack Lauris ADDRESS 1439 E Balt St

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08522

CERTIFICATE OF DEATH.

44E 08522

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1145 Washington Blvd ST. 21-V WARD)

2-FULL NAME Charles F. Wegwoorth

(a) RESIDENCE NO. 1145 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Magdalena Wegwoorth

6 DATE OF BIRTH (month, day, and year) Aug 7. 1868.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
57	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Iron Worker.

(b) General nature of industry, business, or establishment in which employed (or employer): Boiler Shop

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Francis Wegwoorth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Schmeis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs Louisa Wegwoorth

(Address): 1145 Washington Blvd

15 Filed: MAR 9 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17. 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to Mar. 17, 1926, that I last saw h[illegible] alive on Mar 16, 1926, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Dellett, M. D.

Mar 19 1926 (Address) 1621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. — DATE OF BURIAL: Mar 19 1926

20 UNDERTAKER: Edward J. Cowan & Co — ADDRESS: 901 Hollins St.

CHARLES REGISTRAR

MAR 9 1926

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29

E 08523

CERTIFICATE OF DEATH.

E 08523

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Myrtle Place Highlandtown 76-3 WARD)

2-FULL NAME Agnes Forrest

(a) RESIDENCE No. 3321 Myrtle Place ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Forrest

6 DATE OF BIRTH (month, day, and year): March 15 1858

7 AGE: Years 68 Months — Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at her home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: Robert Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Margaret Drew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Mrs James Forrest 3321 Myrtle Place

15 Filed: MAR 19 1926 19 HAMILTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1926

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 17, 1926, that I last saw h[illegible] alive on March 17, 1926, and that death occurred, on the date stated above, at 9 30 P. M.

The CAUSE OF DEATH* was as follows:

Cirrhosis
Edema Circulation & Coma

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Heart Dyspepsia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. McClellan M. D.

4/9, 1926 (Address) 3505 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Mar 20 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lisbon St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08524 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. Montgomery ST., 72-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta V. Noel

(a) RESIDENCE No. 12 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 4 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew F. Noel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Josie Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Andrew Noel

(Address) 12 E. Montgomery St

15 Filed MAR 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 19, 1926, that I last saw her alive on March 18, 1926, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Edw. Smith, M. D.

3/19, 1926 (Address) 910 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milford Va — DATE OF BURIAL Mar 20 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08525

E 08525

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asylum ST., 17 (WARD)

2-FULL NAME Gilbert Lee

(a) RESIDENCE NO. 403 — 21½ Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where Life / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
45 years.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Henry Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louisiana

12 MAIDEN NAME OF MOTHER Lucy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Hospital Records

(Address) Baltimore City Hospitals

15 Filed MAR 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 1925 to March 17 1926

that I last saw h[illegible]ive on March 17 1926

and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Urinary Extravasation of Abdominal wall, Scrotum & Perineum

Urethral Structure (History of Gonorrhea infection). (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec-14-25

Supra Pubic Cystotomy. Suture of Urethra wound.

What test confirmed diagnosis? Gross + Lab. Tests.

(Signed) Dr. P. C. Lange Jr. M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	3/20/26
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1726 Eastland Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

THIS IS A PERMANENT RECORD.

Spec.—1-12-23—M&T—500 Bks.

E 08526

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-001

E 08526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore Gen. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St. 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Williams

(a) RESIDENCE NO. 1835 Reese ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): August 1883

7 AGE: Years 43; Months 7; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Benj. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hartford Md

12 MAIDEN NAME OF MOTHER: Emma Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Emma Williams

(Address): 2836 Reese st.

15 Filed MAR 19 1926 19

C. HAMPSON JONES, M. D. 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1926, 19 26, to Mar 16, 19 26, that I last saw h(e)-alive on Mar 16, 19 26, and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Otitis, Media

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Mastoiditis Meningitis

(duration) - yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of none

Was there an autopsy? NO

What test confirmed diagnosis? Clinical findings

(Signed) R Farber, M. D.

3/16, 1926 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Lem

DATE OF BURIAL: 3/19 1926

UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1225 Dukeland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A. Co.—200 Bks.

E 08527

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 08527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 2-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Brooks

(a) RESIDENCE NO. 3 S. Register St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 11/25

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Louis Brooks

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mamie Gross

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Mamie Brooks

(Address) 3 S. Register St

15 Filed MAR 19 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) dur. mos. ds.

(Signed) J. S. H. Baetjer, M. D.

(Coroner)

3/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: Mar 20 1926

20 UNDERTAKER: Mrs. R. A. Elbert — ADDRESS: 1722 Eutaw

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08528 — 2129E 08528

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Browne Harper

(a) RESIDENCE NO. 117 W Mulberry St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 3 Weeks yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Neel

6 DATE OF BIRTH (month, day, and year): Jan. 23, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Retail Hardware Merchant

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Queen Anne Co. Maryland

PARENTS

10 NAME OF FATHER: John B. Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Queen Anne Maryland

12 MAIDEN NAME OF MOTHER: Mary L. Moreton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Maryland

14 Informant: Miss Nellie Harper
(Address): 117 W. Mulberry St.

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1926 to March 19, 1926 that I last saw him alive on March 19, 1926 and that death occurred, on the date stated above, at 7.45A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
(Mitral valvular disease)

about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis Chronic (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jarrett, M. D.

, 19 (Address) 1226 W. Mt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: 3/22, 1926

20 UNDERTAKER: Henry W. Dears & Sons — ADDRESS: 2 Calvert

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08529

CERTIFICATE OF DEATH.

100 E 08529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS 5-1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Collins

(a) RESIDENCE NO. 12 Painters Court ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 60 yr. | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: Edward Walker
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Sarah ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals (Address) Baltimore

15 Filed MAR 19 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17
I HEREBY CERTIFY, That I attended deceased from Aug 28, 1925, to March 18 1926, that I last saw h[illegible] alive on March 17, 1926, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Senile deterioration (duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Lindsay Miller M. D.

3/18 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: march 20 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 631 orleans st

MAR 19 1926

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08530

CERTIFICATE OF DEATH.

37 E 08530

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 7-1 WARD)

2-FULL NAME James Makowski

(a) RESIDENCE NO. 1919 Bank st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Makowski

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Makowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Makowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed MAR 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 19 26 to March 17, 19 26,

that I last saw him alive on March 17, 19 26,

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. McLaneth, M. D.

3-15-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Mar 22 1926.

20 UNDERTAKER D. M. F. Nadowski ADDRESS 705 S. Ann St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Richard J Biggs

Spec.—1-10-21—M&T—1500 Bks.

E 08531

HEALTH DEPARTMENT—CITY OF BALTIMORE

4/E 08531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pine Grove Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland Hgts Irvington ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richd. J. Biggs

(a) RESIDENCE NO. 1412 Hanover Ave. STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 20-1851

7 AGE: Years 74 Months 7 Days 28

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): Grain

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md. Balto.

PARENTS

10 NAME OF FATHER: Richd. J. Biggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md. Balto.

12 MAIDEN NAME OF MOTHER: Rebecca James

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Alice B. Biggs (Address) 1412 Hanover Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/10 , 1926 to Mar. 17 , 1926

that I last saw h— alive on Mar. 17 , 1926

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

(Uraemia) (Coma)

Carcinoma of Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxic Poisoning

(duration) 0 yrs. 1 mos. 0 ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Surg.

(Signed) H. A. Kraus M. D.

, 19 (Address) 700 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Mar 20 1926

20 UNDERTAKER: George J. Smith — ADDRESS: 153 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08532

CERTIFICATE OF DEATH.

129 E 08532

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 William ST. 24-1 WARD)

2-FULL NAME Elizabeth V. Davis

(a) RESIDENCE No. 1406 William ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct - 1859

7 AGE — Years: 66 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Amos M. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. E. Davis
(Address): 1406 William

15 Filed ..... 19..... G. HARRISON JONES, M. D., Registrar

MAR 19 ..... For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926.

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 18, 1926, that I last saw h alive on March 17, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis - Chronic Nephritis
Hypertension. Apoplexy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) J. E. Peterman, M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: March 20 1926

20 UNDERTAKER: F. A. Schause & Son — ADDRESS: 703 Hanover

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 08533

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 529 S. Charles ST. 27-2 WARD)

2-FULL NAME Charles J. Lynch

(a) RESIDENCE NO. 529 S. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Lynch

6 DATE OF BIRTH (month, day, and year) Apr 27-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) none for 8 years.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jeremiah Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Whittaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mary A. Lynch 529 S. Charles St.

15 Filed ..... 19 ..... Registrar.

MAR 19 1926 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar - 10, 1926, to Mar - 17, 1926, that I last saw him alive on Mar 17 1926, and that death occurred, on the date stated above, at 12 o'clock p. m.

The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis

(duration) 8 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no,

What test confirmed diagnosis? sputum (+) -

(Signed) Dr Trumbo, M. D.

3/17 1926 (Address) 122 — Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Mar 20 1926

20 UNDERTAKER F. A. Kruse & Son. — ADDRESS 703 Lemmon St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 08534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

70 E 08534

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1944 Druid Hill St. 44-17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Smothers

(Residence in Baltimore: No. 1944 Druid Hill Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	colored	single

6-DATE OF BIRTH, about ..... (Month) ..... (Day) 1888 (Year)

7-AGE, 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Do

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alfred Smothers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lotte N. Allen

(Address) Richmond Va.

15- Filed ....., 191.....

C. HAMPSON JONES, M. D. Registrar.

MAR 1 3 1926

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

suicide by gun shot wound Gun head

(Residence) .....

..... (Duration) ..... yrs. ..... mos. ..... ds. Instant death

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. T. Hennessy M. D. (Coroner)

3/17 1926 (Address) 480 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL ....., 19.....

20-UNDERTAKER Samuel Worley

ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08535

CERTIFICATE OF DEATH.

38 E 08535

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ ST., H-1 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hans Gregor

(a) RESIDENCE No. 510 W. Fayette ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs or ____ min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Sylvester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAR 9 1926 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 '26

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to March 17, 1926.

that I last saw h[illegible] alive on March 16, 1926

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) 5 (Five) yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

3/17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Mem. Cem. | DATE OF BURIAL 3/19 1926

20 UNDERTAKER J. Hughes & Son | ADDRESS 38 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08536

101-001

CERTIFICATE OF DEATH.

5-2

E 08536

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 408 E.Eden St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Smith

(a) RESIDENCE NO. 408 N. Eden St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Smith

6 DATE OF BIRTH (month, day, and year) May/ 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55	10	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto.Md

PARENTS

10 NAME OF FATHER Cornelius Smith

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Lemmons

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Ella Haney

(Address) 623 N. Carey St.

15 Filed MAR 19 1926 Registrar W.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia (lobar)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Lack of care-exposure

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. S. Collins M. D.
(Coroner)

3/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Md. Date of Burial 3/20 19 26

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Caroline

Instruction should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 08537

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 E Baltimore ST. 76-3 WARD)

2-FULL NAME Conrad Martin.

(a) RESIDENCE NO. 3306 E Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Martin

6 DATE OF BIRTH (month, day, and year) June 28 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	20 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Copper works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kurtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Margaret Martin

(Address) 3306 E Baltimore St

Filed MAR 19 1926 19.. C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to March 18, 1926,

that I last saw him alive on March 18, 1926,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

(a) Arteriosclerosis

(b) Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) W. H. Peters, M. D.

3/19 1926 (Address) 3306 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL Mar 21 1926

20 UNDERTAKER John Ulrich ADDRESS 20 S Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 08538

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Linden Ave ST. 14 WARD)

2-FULL NAME Louisa Emala Cathcart

(a) RESIDENCE NO. 1429 Linden Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of John W. Cathcart

6 DATE OF BIRTH (month, day, and year): July 18/1847

7 AGE: Years 78 Months July Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Vienna Md

PARENTS

10 NAME OF FATHER: Fletcher E. Marine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sharptown Md

12 MAIDEN NAME OF MOTHER: Hester E. Knowles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Laurel Del

14 Informant: Maxwell Cathcart (Address) 1422 Linden Ave

15 Filed ..., 19 ... Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to March 18, 1926.

That I last saw h[illegible] alive on March 17, 1926

and that death occurred, on the date stated above, at 12.30 a m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Exhaustion (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Progressive

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Barnett B. Gallun M. D.

, 19 (Address) 1404 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount DATE OF BURIAL: March 20 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08539 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 E 08539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Park ave St. 11-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline W. Hindes

(a) RESIDENCE No. 1325 Park ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel J. Hindes

6 DATE OF BIRTH (month, day, and year): Sept 22. 1842

7 AGE: Years 83 Months 5 Days 24 (26) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. Collier

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Julia A. Tull

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: C. Lillian Hindes

(Address): 1325 Park Ave

15 Filed MAR 19 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to Mar 18, 1926, that I last saw her alive on March 18, 1926, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Coron Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Cardiac Debility

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stanton McAdams, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Mch 20 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08540

CERTIFICATE OF DEATH.

E 08540

REGISTERED NO.

1-PLACE OF DEATH Balt. Md.

CITY OF BALTIMORE: (No. 4116 Pentwood Ave ST., 48-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Edelen.

(a) RESIDENCE No. 4116 Pentwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) Child Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 10, '24.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	3	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child. 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. (continued)

PARENTS

10 NAME OF FATHER James Edelen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eleanor Felton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mother - Mrs. Susan Edelen (Address) 4116 Pentwood Ave

15 Filed ..... 19.. C. HAMILTON JONES, M. D. Registrar

APR 10 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19- 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-13- 1926, to 3-19 1926, that I last saw him alive on 3-19- 1926, and that death occurred, on the date stated above, at 6-30 a. m.

The CAUSE OF DEATH* was as follows:

Measles.

(duration) yrs. mos 9. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clarence H. Spence, M. D.

, 19 (Address) 3705 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Mch 20 1926

20 UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08541

CERTIFICATE OF DEATH.

90 E 08541

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 507 S. Curley ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E. Steward

(a) RESIDENCE NO. 507 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mollie Steward

6 DATE OF BIRTH (month, day, and year): May 8 1858

7 AGE: Years 67 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman 086

(b) General nature of industry, business, or establishment in which employed (or employer): W.B.A.R.R.

(c) Name of employer: Co. B.A.R.R. Co

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Jos. R. Steward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Given

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Hallon A. Steward

(Address) 148 Prince George St

15 1 9 1926

C. HAMPSON JONES, M. D. Registrar

Per PBK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 19.., to Mar 18, 1926, that I last saw him alive on Mar 17, 1926, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

3/18 1926 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem Annapolis Md — DATE OF BURIAL: Mar 21 1926

20 UNDERTAKER: Geo M. Frisby Son — ADDRESS: 811 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08542

HEALTH DEPARTMENT—CITY OF BALTIMORE

1000 001 E 08542

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus Edwards

(a) RESIDENCE NO. 916 Rear Alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 57 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Augustus Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Patsy Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant (Address): Baltimore City Hospitals

15 Filed 3-19-1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14 1926 to March 16 1926.

that I last saw him alive on March 16 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency (History) 9 wks

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Bronchopneumonia (History) 9 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) P. Lindsay Skilly M. D.

3/17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 08543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08543

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Holland

(a) RESIDENCE NO. 313 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer U40

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Green Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lorenza ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed 19 C. HAMPSON JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1926, to March 14, 1926,

that I last saw him alive on March 14, 1926,

and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) D. Lindsay Miller. M. D.

3/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08544

CERTIFICATE OF DEATH.

E 08544

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James King

(a) RESIDENCE No. 519 Pigeon st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Henry King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER M. Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 16, 1926, that I last saw him alive on March 16, 1926, and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. McFarland M. D.

3-16-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

UNDERTAKER Disinterred for Interment Mt. Auburn Cem. Mass. 24/2 C ADDRESS

S. T. Hemsley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec—12-23-21—E.B R.S.—400 Bks.

E 08545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St. 27-12 Ward)

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Bollinger

(a) Residence No. 4 Belmont Rd. (Hamilton) St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 min. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 17, 1926

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Marion Joseph Bollinger

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER. Mary albertina Karcher

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Mary albertina Bollinger

(Address) 4 Belmont Rd.

15- Filed 19 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 17, 1926 to March 17, 1926

that I last saw her alive on March 17, 1926

and that death occurred, on the date stated above, at 5:10 A m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick R. Snyder, M. D.

Mar 17 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL, ..., 19....

20-UNDERTAKER. Edmiston Bros.

ADDRESS

MAR 19 1926

instructions on back of certificates. Exact statement of OCCUPATION is very important

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08546

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 Bolton St., 11-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Boy Walder

(a) Residence No..... 906 Bolton St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 hrs How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) Mar 17, 1926

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 6 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Turner Walder

11-BIRTHPLACE OF FATHER (city or town) Branchville (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Lilly Eva Martin

13-BIRTHPLACE OF MOTHER (city or town) Branchville (State or Country), Va

14- (Informant)... Lilly Eva Walder

(Address)..... 906 Bolton St.

15- [illegible] 19 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 1926 to Mar 17 1926.

that I last saw him alive on Mar 17 1926.

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ..... yrs. ..... mos. 6 hours

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A Sunder, M. D.

Mar 17. 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ... 19....

20-UNDERTAKER. ..... ADDRESS .....

MAR 19 1926 Commissioner Health.

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08547

CERTIFICATE OF DEATH.

46E 08547

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1726 E Fayette ST. 6-1 WARD)

2-FULL NAME Mamie A McMahon

(a) RESIDENCE No. 1726 E Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James H McMahon

6 DATE OF BIRTH (month, day, and year): Feb 26. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Strassberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary J Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Minnie Roberts
(Address) 1926 E Fayette St.

15 Filed 3-21-1926 C. HAMPSON JONES, M. D., Registrar
Per RPW.

R 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 1926 to March 18 1926

that I last saw him alive on March 17 1926

and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Melancholia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of April 1920

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ..... M. D.

3/19/26 (Address) 6 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL March 21 1926

20 UNDERTAKER: W M Cook — ADDRESS 502 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—1-1926—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1894 E 08548 E 08548

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 8-2 WARD)

2-FULL NAME Wm. Coath

(a) RESIDENCE No. 1422 Lexington ave, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11-1881

7 AGE: Years 44 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipe fitter 054

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland 1881

PARENTS

10 NAME OF FATHER Wm. Coath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

Mar 19 1926 19 C. Hampson Jones, M. D. Registrar

Per R & K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1926, to Mar. 18th 1926, that I last saw h-ive alive on Mar. 18th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mediastinal Tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of March 18

Was there an autopsy? —

What test confirmed diagnosis? X. R.

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 3/27 1926

UNDERTAKER: Wm Cook

ADDRESS: 502 E North

CAUSE OF DEATH must be certainly supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08549

CERTIFICATE OF DEATH.

REGISTERED NO. 28-431

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Swan - ave ST., 28-4 WARD)

2-FULL NAME Catherine Virginia Fiddis

(a) RESIDENCE NO. Swan - ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 17 - 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	28	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer) C&P. Tel. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore - Md.

PARENTS

10 NAME OF FATHER Louis Jos. Fiddis

11 BIRTHPLACE OF FATHER (city or town) Balto - (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret M. Adelsberger

13 BIRTHPLACE OF MOTHER (city or town) Emmitsburg (State or country) Md.

14 Informant Mrs. Louis Fiddis (Address) Swan Ave

15 Filed 19 1926 G. HAMPSON JONES, M. D., Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. , 1925 to March 16th, 1926.

that I last saw h-e alive on March 16th, 1926

and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Bronchial Exhaustion - Coma (duration) 2 yrs. ✓ mos. - ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum.

(Signed) Frederick V. Dietlen, M. D.

March 19 1926 (Address) Keeley - Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem. DATE OF BURIAL 3/20 1926

20 UNDERTAKER George C. Fahey Fatting & Fogler ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08550

CERTIFICATE OF DEATH.

101-0 E 08550

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 E. Fort Ave. St.) (24-L Ward)

2-FULL NAME Teresa Fazio Brocato

(a) RESIDENCE. No. 620 E. Fort Ave. St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dominick Brocato

6 DATE OF BIRTH (month, day, and year) April 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Casalta
(State or country) Italy.

PARENTS

10 NAME OF FATHER [illegible] Fazio

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy.

12 MAIDEN NAME OF MOTHER Francis Nesa

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Charles Brocato
(Address) 620 E. Fort Ave.

15 Filed MAR 19 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 13, 19 26, to Mar 18, 19 26

that I last saw h[illegible] alive on Mar 18, 19 26

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Sidney H. Smith, M. D.

3/19, 19 (Address) 415 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL March 22 1926

20 UNDERTAKER Frank V. Petrone — ADDRESS 1800 E. 32nd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 19 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08551 E 08551

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 76-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brillie Jackson

(a) RESIDENCE NO. Non-resident ST., WARD West Va.

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Green Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Annabella Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Hospital Records
(Address)

15 1926 C. HAMPSON JONES, M. D.

Per R P K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1925, to March 17, 1926,

that I last saw him alive on March 17, 1926,

and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. D. McClane M. D.

3-17, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmont W Va DATE OF BURIAL March 19 1926

20 UNDERTAKER Mr-Mrs N S Frey ADDRESS 2012 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-1-21—M&T—1500 Bks.

1892 91

E 08550

HEALTH DEPARTMENT—CITY OF BALTIMORE

+71 91

E 08552

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clare Irwin

(a) RESIDENCE NO. Forest Hill Harford Co. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1918

7 AGE: Years 8 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Fullen Irwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car.

12 MAIDEN NAME OF MOTHER Louise Estep

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Robert Hopkins Hospital (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21st 1926 to Mar. 18th 1926, that I last saw h[illegible] alive on Mar. 18th 1926, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis, acute (staphylococcus)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes (Diverticulum of cisterna) Date of March 9th

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Autopsy M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkins W Va

DATE OF BURIAL 3/19/26

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

R 19 1926 C. HAMPSON JONES, M. D. Registrar

Per HHH

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08553

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 706 N. Wolfe St (St.) 6-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Middendorf

(a) RESIDENCE NO. 706 N. Wolfe St. (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Middendorf

6 DATE OF BIRTH (month, day, and year) March 5-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) 604

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anthony Middendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Middendorf

(Address) 706 N. Wolfe St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 16, 1926, to Mar 17, 1926.

that I last saw h alive on Mar 16, 1926.

and that death occurred, on the date stated above, at 8:15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. Border M. D.

, 19 (Address) 1902 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem. DATE OF BURIAL: Mch 20 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08554

CERTIFICATE OF DEATH.

49 E 08554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louis Friedel

(a) RESIDENCE NO. 212 S. Regester St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Friedel

6 DATE OF BIRTH (month, day, and year) Aug 20 – 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	25 23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Aloysius Friedel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Mrs. Margaret Friedel 212 S. Regester St.

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per BOH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-3- 1926. to 3-15 1926.

that I last saw h/i alive on 3-15 1926.

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of thyroid

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 3-13- 26 Date of Tracheotomy

Was there an autopsy? –

What test confirmed diagnosis?

(Signed) Francis A. Elles, M. D.

1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem. DATE OF BURIAL: 26 30 1926

20 UNDERTAKER: Lilly & Zeile 403 ADDRESS: S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 08555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08555

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4901 York Rd ST. 27-4 WARD)

2-FULL NAME Lydia Cadwallader Williams

(a) RESIDENCE NO. 4901 York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Williams

6 DATE OF BIRTH (month, day, and year): Nov 23, 1832

7 AGE: 93 94

Years	Months	Days	If LESS than 1 day, hrs or min.
94	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Radnor, Ohio

PARENTS

10 NAME OF FATHER: Davis Cadwallader

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

14 Informant: Mrs L. B. Williams (Address): Same

15 Filed 1 9 1926 C. HAMPSON JONES, M. D. Registrar

Page 1054

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1926, to March 18, 1926, that I last saw h alive on March 18, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumoni

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. V. Bishop, M. D.

Mar 18 1926 (Address) 501 Shendan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Mar. 20 1926

20 UNDERTAKER: Wm C. Black — ADDRESS: 921 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—I-k 21—M&T—1500 Bks.

E 08556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08556

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 E. Hill (ST.) 27-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silvia Lombardi

(a) RESIDENCE NO. 28 E. Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single Girl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28. 1913

7 AGE: Years 12 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cumberland Md

PARENTS

10 NAME OF FATHER: Carlo Lombardi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Ofrosina D. Giacomo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Carlo Lombardi

(Address) 28 E. Hill St.

Filed MAR 9 1926 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-18 . 1926 . to 3-18 . 1926

that I last saw her alive on 3-17 . 1926

and that death occurred, on the date stated above, at 10. A. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Demarco, M. D.

3-19 . 1926 (Address) 160 S Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer RM

DATE OF BURIAL: 3/20 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1736 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08557

CERTIFICATE OF DEATH.

10-801

E 08557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2824 Bernard St. 17-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leah V. Bollinger.

(a) RESIDENCE NO. 2824 Bernard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 3/7/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: — (D.D.)

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Bollinger

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian James.

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country) Orange Co

14 Informant John Bollinger. (Address) 2824 Bernard St

15 Filed C. HAMPSON JONES, M. D. Registrar

Per

19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/18/, 19 26, to 3/19/, 19 26,

that I last saw h[illegible] alive on 3/19/26, 19

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(History obtained from Husband)

(duration) — yrs. 5 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Ferry, M. D.

3/19/1926 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stilly York Co. Pa. DATE OF BURIAL: Mar 24, 1926

20 UNDERTAKER: Walter R. McNamee ADDRESS: 4114 Falls Rd

Make answers on this certificate plainly and legibly with pen and ink. Fill all blanks for which answers are currently supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

18 9945
18 E 08558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 Md
101 E 08558

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Mitchell Perkins

(a) RESIDENCE NO. Meadowbrook West ST., 2a WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 37 yrs. Months Days

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Archie Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss.

14 Informant (Address) Friends JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 17, 1926, that I last saw him alive on March 17, 1926, and that death occurred, on the date stated above, at 3 a — m.

The CAUSE OF DEATH* was as follows:

acute lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarksburg W Va

DATE OF BURIAL: 3/19 19 26

20 UNDERTAKER: Samuel T. Hemsley

ADDRESS: 54 W. Biddle St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important. See instructions on back of certificates.

R 1 9 1926

Spec.—1-10-21—M&T—1500 Bks.

E 08559 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08559

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) S. E. Fourth and Washington Aves (St.) (Ward) 5-23

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard John Ripple

(a) RESIDENCE No. S. E. Fourth & Washington Ave. St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word) Widowed

5a ~~Married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ Mary C. Ripple

6 DATE OF BIRTH (month, day, and year) 4-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	77	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER John Ripple
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Katherine
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Ripple
(Address) 703 Fourth St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 19. 1926.

17 I HEREBY CERTIFY, That I attended deceased from 9. 1. 25, 19... to 3. 19. 26, 19 26
that I last saw him alive on 3. 19. 26, 19
and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(duration) Don't Know. yrs. mos. ds.
CONTRIBUTORY (Secondary) Angina Pectoris
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Typical Signs & Symptoms & Lab. & Microscopic examinations
(Signed) J. Edward Norris M. D.
3.19.26. 19 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer
DATE OF BURIAL 3/23 19 26
20 UNDERTAKER J. J. Fahey & Sons
ADDRESS 1318 Eighth St

R 20 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08560

CERTIFICATE OF DEATH.

11-002 E 08560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1470 Bell St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Coulter

(a) RESIDENCE NO. 1470 Bell St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE ~~of~~ Florence Ford

6 DATE OF BIRTH (month, day, and year) — — 1872

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Yard

(c) Name of employer Bridge

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John A Coulter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ellen Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Florence Coulter

(Address) 1470 Bell St.

15 [illegible] 19 G. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 17, 1926.

that I last saw h~~im~~ alive on March 16, 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 2 days

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Michelotti M. D.

3/19 1926 (Address) 1039 Indiana Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Trinity Cem

DATE OF BURIAL 3/20 1926

20 UNDERTAKER F. J. Peterson Sons

ADDRESS 1318 Eight Ave

MAR 20 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks. (Charlotte Ross 2138 Druid Hill Ave)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08561

CERTIFICATE OF DEATH.

90 E 08561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2138 D.H. Ave (St.) 14-1 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Ross

(a) RESIDENCE NO. 2138 D.H. Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mt Carroll Ill.

PARENTS

10 NAME OF FATHER: David A. Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margie Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Alice M. Warner

(Address) 921 Division Ave

15 Filed ....., 19.... Per ..... Registrar

C. HAMPSON JONES, M. D.

20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1926.

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 1926, to 3/17, 1926, that I last saw her alive on 3/17, 1926, and that death occurred, on the date stated above, at 1 P m

The CAUSE OF DEATH* was as follows:

a. Nephritis

Cardiac Decompensation.

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Klutz, M. D.

3/19, 1926 (Address) 2134 D.H. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Airy Md

DATE OF BURIAL: 3/20 1926

20 UNDERTAKER: Samuel Hawley

ADDRESS 578 N Eddy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E 08562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08562

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 Linden ave ST. (Harmon) WARD 14-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Ann Harmon

(a) RESIDENCE NO. 1801 Linden av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H Harman

6 DATE OF BIRTH (month, day, and year): April 7 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
64	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Elijah Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Mary A Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carlisle Penn

14 Informant: William E Harman

(Address) 422 Lanvale St

Filed MAR 20 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per Nell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to March 19th, 1926,

that I last saw her alive on March 14th, 1926

and that death occurred, on the date stated above, at 4.40 P.M.

The CAUSE OF DEATH* was as follows:

Osteomyelitis

Endocarditis + Chronic

Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 13th 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. B Winterhouse M. D.

3/19, 1926 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: March 22 1926

20 UNDERTAKER: Williams Bros 502 E Baltimore ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 08563 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08563

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 N. Patterson Park Ave St., 7-2 Ward)

2-FULL NAME Norman ~~Clark~~ Charles Legg

(a) RESIDENCE NO. 604 N. Patterson Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 24/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Chas. E. Legg

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Bertha L. Bowers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Chas. E. Legg

(Address) 604 N. PattersonPark Ave

15 [illegible] 16 [illegible]

Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH 18

16 DATE OF DEATH (month, day, and year) 3/19/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure-
(Malnutrition-indigestion-bottle fed)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Walker M. D.
(Coroner)

3/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Mar 30 1926

20 UNDERTAKER H. C. Cook ADDRESS 228 E. Baltimore

2 0 1926 C. HAMPSON JONES, M. D.

Fill spaces as correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 08564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08564

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 N. Chester St., 7-2 Ward)

2-FULL NAME John Reisenweber

(a) RESIDENCE NO. 517 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~: Sadie Reisenweber

6 DATE OF BIRTH (month, day, and year): May 12/66

7 AGE: Years 59 | Months 10 | Days 8 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Wagon Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Driver

(c) Name of employer: American Ice Co.

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: John Reisenweber

11 BIRTHPLACE OF FATHER (city or town): Ger

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town): Ger.

(State or country)

14 Informant: Sadie Reisenweber

(Address) 517 N Chester St

Filed 3/20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/18/26

17 I HEREBY CERTIFY, That I attended deceased from 3/05/26 19.. to 3/18 19 26

that I last saw h[illegible] alive on 3/17 19 26

and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - (Non alcoholic)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY None -

(Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Gray, M. D.

3/18 1926 (Address) 617 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 3/20 1926

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

20 1926

Spec.—1-12-23—M&T—500 Bks.

E 08565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08565

CERTIFICATE OF DEATH.

37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hosp. (St.) 11-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bradford

(a) RESIDENCE NO. 215 Richmond St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE 25 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Union Ship Building

9 BIRTHPLACE (city or town) Wakefield

(State or country) Sussex Co. Va

PARENTS

10 NAME OF FATHER Miles Bradford

11 BIRTHPLACE OF FATHER (city or town) Myrtle

(State or country) Elizabeth City Co Va

12 MAIDEN NAME OF MOTHER Jennie Bradford

13 BIRTHPLACE OF MOTHER (city or town) Charlestown

(State or country) Kingsville Co Va

14 Informant The Family

(Address) 215 Richmond St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/26 19

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 17, 1926, that I last saw him alive on March 17, 1926, and that death occurred, on the date stated above, at 4.45 P. M.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Harlan Hulls, M. D.

3/18, 1926 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wakefield Va.

DATE OF BURIAL March 20

20 UNDERTAKER Chas. Halycondor

ADDRESS 1106 Druid Hill Ave

TION is very important See instructions on back of certificates.

20 1926

Spec.—1-10-21—M&T—1500 Blks.

E 08566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08566

47v

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 908 N. Dallas ST., 7-1 WARD)

2-FULL NAME Margaret E. Ulrich

(a) RESIDENCE NO. 908 N. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Chas. W. Ulrich

6 DATE OF BIRTH (month, day, and year) July 26 1857

7 AGE — Years: 66 Months: 7 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Valentine Schiffhauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. John S. Ulrich

(Address) 908 N. Dallas St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17

I HEREBY CERTIFY, That I attended deceased from February, 1926, to March 17, 1926, that I last saw h alive on March 17, 1926, and that death occurred, on the date stated above, at 3.15 P. M.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma of Lung

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic exam. of tissue

(Signed) Frank J. Lyd, M. D.

March 19 26 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 22, 1926

20 UNDERTAKER: Henry Hoen & Son — ADDRESS: 1301 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... PHYSICIANS should write ... TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 08567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 08567

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 Cherry st Curtis Bay St., 25-11 Ward)

2-FULL NAME Frank Brill

(a) RESIDENCE NO. 1 Cherry st. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 22/1925

7 AGE: Years ___ Months 3 Days 96 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Brill

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Gertrude Young

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Joseph Brill (Address) 1 Cherry st

15 Filed 2 0 1926 C. HAMPSON JONES, M. D. Registrar Per Reid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17 1926 to March 19 1926

that I last saw him alive on March 19 1926

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH was as follows: Bronchial Pneumonia

(duration) ___ yrs. ___ mos. (2) ds.

CONTRIBUTORY (Secondary) Malnutrition / Rickets

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ken J. Bolton, M. D.

March 19 1926 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: March 22 '26

20 UNDERTAKER: Frank Conachieson ADDRESS: 1994 Pitt St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Maffei

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08568

CERTIFICATE OF DEATH.

181-001 E 08568

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 248 S Eden St., 3 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabino Maffei

(a) RESIDENCE NO. 248 S Eden St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Whit	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Maffei

6 DATE OF BIRTH (month, day, and year) May 1 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	33	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Knabe Piano Co

9 BIRTHPLACE (city or town)_____

(State or country) Italy

PARENTS

10 NAME OF FATHER Sabino Maffei

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Italy

12 MAIDEN NAME OF MOTHER Carmela Picone

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Italy.

14 Informant Michael Picariello

(Address) 421 S Central Ave

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per N O K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows: Asphyxiation by Illuminating Gas, when bed attachment to wall pipe was too large in dia. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Good Conscientious Citizen (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James McHenry M. D. (Coroner)

3/19 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Redeemer Date of Burial March 22 1926

20 UNDERTAKER Wendell Offel & Son ADDRESS 37 S [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

E 08569

1-PLACE OF DEATH
08569
CITY OF BALTIMORE: (No. 3625 Chestnut Ave. St.) (Ward) 13 4490

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie A. Dunkle

(Residence in Baltimore: No. 3625 Chestnut Ave St.; 25 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 5 (Month) (Day), 1856 (Year)

7-AGE, 39 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, George H Dixon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Burk

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George N. Dunkle

(Address) 3625 Chestnut Ave

15-

Filed....., 191.....

Per ..... Registrar

C. Hayes Jones, M. D.

20 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1923, to March 19 1926, that I saw h alive on March 17 1926, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Pneumonia

..... (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) yrs. 7 mos. ds.

(Signed) [illegible] M. D.

March 19, 1926 (Address) 3424 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Middletown Balto Co DATE OF BURIAL, March 22 1926

20-UNDERTAKER Chenoweth & Son ADDRESS 3611 Chestnut Ave

important. See instructions on back of certificate.

E 08570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08570

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 3714 Chestnut Road St. 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada C. Tennant

(Residence in Baltimore: No. 3714 Chestnut Road Tennant St.; yrs. 60 mos. 0 ds. 0)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

6-DATE OF BIRTH: March (Month) 3, (Day) 1858 (Year)

7-AGE: 68 yrs. 0 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Elmira N. Y.

PARENTS.

10-NAME OF FATHER: D. Rodney Crowther

11-BIRTHPLACE OF FATHER, (State or Country): England

12-MAIDEN NAME OF MOTHER:

13-BIRTHPLACE OF MOTHER. (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Wilbert A. Tennant

(Address) 3714 Chestnut Road

15-

MAR 20 1926 192 [illegible] Registrar.

R 20 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 18 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

organic heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.
(Coroner)

3/19/1926 (Address) 2802 Eutaw Pl

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Mar. 20 1926

20-UNDERTAKER: Wm. J. Ickes & Son ADDRESS: North Ave

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08571 E 08571

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH 3638 Railroad ave

CITY OF BALTIMORE (No. 3638 Railroad ave W. 14 WARD)

2-FULL NAME William Franklin Shanck jr.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 3638 Railroad ave W. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? 6 yrs. 1 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Baby.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 13/1920.

7 AGE: 6. Years | 1 Months | 6. Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto city Md.

PARENTS

10 NAME OF FATHER: Wm. F. Shanck sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto city Md.

12 MAIDEN NAME OF MOTHER: Mary E. Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fayetteville N.C.

14 Informant: Wm F. Shanck Sr.
(Address): 3638 Railroad ave.

15 Filed 3/20 1926 C. HAMPSON JONES, M. D. Registrar
Per RKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4. 1926. to March 19. 1926.

that I last saw him alive on March 19. 1926.

and that death occurred, on the date stated above, at 3.55 P.m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical sign

(Signed) C. F. Culbreth M.D.

March 19 1926 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Mary's Hampden. DATE OF BURIAL: 3/22 1926

20 UNDERTAKER: J. Walter Davis ADDRESS: 3307 Paine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 08572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 29 S. Calhoun ST.: 19-1 WARD)

2-FULL NAME Infant baby St. Vincent Teresa Tondi

(a) RESIDENCE NO. 291 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18/26.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	1 hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Vincent Tondi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Teresa Balogno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Vincent Tondi

(Address) 29 S Calhoun St

15 Filed 3-20 1926 C. HAMPSON JONES, M.D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 18 1926 to March 18 1926

that I last saw him alive on March 18 1926

and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll M. D.

3/18. 1926 (Address) 1211 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3-20 1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins st

Spec.—1-10-21—M&T—1500 Bks.

E 08573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08573

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS STREET 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Barton

(a) RESIDENCE NO. 2228 E. Mura ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAR 20 1926 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1926 to March 18, 1926

that I last saw him alive on March 18, 1926

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) lung abscesses

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller, M. D.

3/19, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3-22 1926

20 UNDERTAKER John A. Moran — ADDRESS 3000 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08574

CERTIFICATE OF DEATH

147

1-PLACE OF DEATH University Hospital Registered No.

City of BALTIMORE: (No. Lombard E. Green St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Hall

(a) Residence No. 1014 S. Eutaw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Hall

6-DATE OF BIRTH (month, day and year) August 1889

7-AGE, 36 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) West Moreland Co. (State or Country), Va

PARENTS.

10-NAME OF FATHER, Payton Vessels

11-BIRTHPLACE OF FATHER (city or town) Caroline Co. Va (State or Country),

12-MAIDEN NAME OF MOTHER, Alice Brooks

13-BIRTHPLACE OF MOTHER (city or town) Va (State or Country),

14- (Informant) Rev. William Vessels

(Address) 1014 S. Eutaw St

15- Filed 2 0 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1926 to March 17 1926

that I last saw her alive on Mar. 17 1926

and that death occurred, on the date stated above, at 3:15 A m

The CAUSE OF DEATH* was as follows:

Coronary embolus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Phlegmasia alba dolens bilateral following confinement on Feb 14 1926

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1014 S. Eutaw St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frederick A. Snyder, M. D.

Mar 17 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion — DATE OF BURIAL, March 20 1926

20-UNDERTAKER, R. L. Parham — ADDRESS 901 Leadenhall st

instructions on back of certificates.

Spec—12-23-21—E.P.R.S.—400 Bks. Larkin B Thomas

E 08575 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08575

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Larkin 90

City of BALTIMORE, (No. 32 Caton av. St., 20-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Larkina B. Thomas

(a) Residence No. 32 Caton av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan Thomas

6-DATE OF BIRTH (month, day and year): Dec 23, 1855

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Mabel Thomas

(Address) 32 Caton Ave

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3-18-26

17- I HEREBY CERTIFY, That I attended deceased from 2-23-, 1926 to 3-18, 1926.

that I last saw her alive on 3-16-, 1926.

and that death occurred, on the date stated above, at 11:25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. Jackson M. D.

3/19, 1926 (Address) 800 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western Star Cemetery DATE OF BURIAL, Mar. 22, 1926.

20-UNDERTAKER, Mrs. Kate R. Williams ADDRESS 322 N. Schroeder St

Instructions on back of certificates. Exact statement of OCCUPATION is very important. Space must be properly answered.

Spec.—1-10-21 M&T 1500 Bks.

(Carlisle)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08576

CERTIFICATE OF DEATH.

129 E 08576

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. WARD)

2-FULL NAME James Carlisle

(a) RESIDENCE NO. 1614 Hanover ST., WARD Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Carlisle

6 DATE OF BIRTH (month, day, and year) April 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
58	58	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Va

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Grace Carlisle (Address) 16 Hanover

15 MAR 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-7-, 1926 ... to 3-18, 1926, that I last saw him alive on 3-16, 1926, and that death occurred, on the date stated above, at 11:15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis Hypertension with decompensation -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. E. Lemon, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Co. DATE OF BURIAL 3/20 1926

20 UNDERTAKER L. P. Fassbaugh 2020 ADDRESS Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 21-10-21—M&T—1500 Bks.

E 08577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08577

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. 14-1 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Byrd Barksdale

(a) RESIDENCE NO. 1614 Vanna Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Albert Barksdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Polly Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records - (Address) Johns Hopkins Hospital

15 MAR 20 1926

16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18th 1926 to Mar 18th 1926, that I last saw him alive on Mar. 18th 1926, and that death occurred, on the date stated above, at 7.28 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

metastasis to bones

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Chester S Keefer, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Va

DATE OF BURIAL 3/20 1926

20 UNDERTAKER Samuel L. Bensley

ADDRESS 5?? Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08578

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. 27-7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6311-Veidner-Av ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Cowman

(a) RESIDENCE NO. 6311-Veidner-Av ST. WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs ? mos ? ds. How long in U. S., if of foreign birth? 76 yrs 7 mos 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie C. Cowman

6 DATE OF BIRTH (month, day, and year): July-27-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): A.A. County Maryland

PARENTS

10 NAME OF FATHER: Edward Cowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Maryland

12 MAIDEN NAME OF MOTHER: Sarah C Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Fred Maryland

14 Informant (Address): Emory Cowman (son) 413-W-Brice-St. City

15 Filed MAR 20 1926 G. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to March 18, 1926, that I last saw him alive on March 17, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. H. Bishop, M. D.

MAR 19 1926 (Address) 521 Shenandoah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Presbyterian Cemetery Govans

DATE OF BURIAL: March 20 1926

20 UNDERTAKER: STEWART & POWELL COMPANY (WILLIAM F. WOODEL, Successor)

ADDRESS: 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08579

CERTIFICATE OF DEATH. 74-002 E 08579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Bishop Road-Guilford ST. 12-1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian Elizabeth Trust

(a) RESIDENCE NO. 8 Bishop Road - Guilford ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 61 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 81 yrs. 8 mos. 21 ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin H. Trust

6 DATE OF BIRTH (month, day, and year) June-24th-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Francis Mattingly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eleanor Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Miss Reta Trust (daughter)
(Address) 8 Bishop Road Guilford

15 Filed 2 0 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 1924 to March 19 1926, that I last saw h[er] alive on March 18 1926 and that death occurred, on the date stated above, at 6 a m

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis (Hemiplegia) (duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Edward Buckley M. D.

March 19 1926 (Address) 300 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL March 22 1926

20 UNDERTAKER STEWART & HOWEN COMPANY (William F. Woodell, Successor) — ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 08580 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08580

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 W Barre ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Walker

(a) RESIDENCE NO. 536 W Barre ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Walker

6 DATE OF BIRTH (month, day, and year): Aug-31-1878

7 AGE: Years 47 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coops

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Jas Dunn

9 BIRTHPLACE (city or town) (State or country): Hickory Grove S. Carolina

PARENTS

10 NAME OF FATHER: John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hickory Grove S. Carolina

12 MAIDEN NAME OF MOTHER: Liliam Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hickory Grove S. Carolina

14 Informant: Bessie Glover

(Address): 536 W Barre

15 2 0 1926 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug-22, 1925, to 3/17, 1926,

that I last saw her alive on 3/17 1926

and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Cerebral Hemmorhage

(duration) — yrs — mos 1 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) — yrs. 8 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unnecessary

(Signed) [illegible] M. D.

3/16 1926 (Address) 1000 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: March 20 1926

20 UNDERTAKER: [illegible]

ADDRESS: 406 Cor

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08581 E 08581

CERTIFICATE OF DEATH. 154-102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2926 Limond Pl (ST.) 9-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Brothers

(a) RESIDENCE NO. 2926 Limond Pl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 3 | 14 | 1921

7 AGE — Years — Months — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Herschel Brothers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co, Md

12 MAIDEN NAME OF MOTHER: Cora E. Burrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: Herbert Burrier

(Address) 416 E 31st St.

20 1926 C. HAMPSON JONES, M. D. Registrar

Per: R L W

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 14, 1926, to Mar 19, 1926,

that I last saw her alive on Mar 19, 1926

and that death occurred, on the date stated above, at 10-30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

Foramen Ovale not Closed

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Fair, M. D.

, 19 (Address) 2704 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 20 1926

20 UNDERTAKER: George L. Ruth — ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-1921—M&T—1500 Bks.

1896 59-

E 08582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 159-003 E 08582

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 23-2 WARD)

2-FULL NAME Bernard Hahn

(a) RESIDENCE NO. 1425 Hanover ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 4 1925

7 AGE: Years — Months: 5 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER Wm. Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Margaret Heckman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Rel. Mother (Address) JOHNS HOPKINS HOSPITAL

Filed 2 0 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 5th, 1926, to Mar 19th, 1926, that I last saw h in live on Mar 19th, 1926, and that death occurred, on the date stated above, at 7 10 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Ch Bile Ducts.

Life (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-12 26.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) A W Hachbrei, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Co

DATE OF BURIAL: 3-22 1926

20 UNDERTAKER: E & B Hahn

ADDRESS: 115 E Read St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-6-21—M&T—1500 Bks.

(89 5 64 E 08583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08583

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 8-V WARD)

2-FULL NAME George Finch.

(a) RESIDENCE NO. 1729 N. Bradford

(Usual place of abode) WARD

Length of residence in city or town where death occurred 1 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 23 1925

7 AGE: Years 1 Months 11 Days 24

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Finch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Carrie Bender

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Friends

(Address) JOHNS HOPKINS HOSPITAL

MAR 20 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 19th 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 2nd, 1926, to Mar. 19th, 1926, that I last saw h alive on Mar. 19th, 1926, and that death occurred, on the date stated above, at 3.53 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho-

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: 3-20 1926

20 UNDERTAKER: E & B Harle

ADDRESS: 115 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08584

E 08584

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH 2014

CITY OF BALTIMORE: No ~~2414~~ W. Franklin ST. 70-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona V. Chambly

(a) RESIDENCE No ~~2414~~ 2014 W. Franklin ST., WARD. Resident

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 75 yrs. 2 mos 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ David W. Chambly.

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Wm. Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm. A. Chambly—son (Address) 3012 Grayson St.

15 Filed 20 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch. 14, 1926, to Mch. 18, 1926, that I last saw her alive on Mch. 18, 1926, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis possibly — Infirmities of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. M. Barnebaker, M. D.

, 19 (Address) 1209 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 3/22/ 19 26

20 UNDERTAKER STEWART & HOWER COMPANY (WILLIAM F. WOOTEN, Successor) ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-1-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08585 (1926 5-7) × 84 E 08585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Starsatt Rousal Huff

(a) RESIDENCE NO. Cass, Br. Va — ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1920

7 AGE: 6 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Br. Va.

PARENTS

10 NAME OF FATHER Starsatt Huff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Br. Va.

12 MAIDEN NAME OF MOTHER E. M. Brumbelow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Br. Va.

14 Informant (Address) Records. JOHNS HOPKINS HOSPITAL

15 Filed ... 19... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 3rd, 1926, to Mar. 19th, 1926, that I last saw h-m alive on Mar 19th, 1926, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:
Cerebellar tumor (glioma)

(duration) 4 (?) yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 19/26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Paul E Culley, M. D.

19 25 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlottesville Va | DATE OF BURIAL: 3/20/1926

20 UNDERTAKER: Joseph Ahearn | ADDRESS: 221 Bug

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important See instructions on back of certificates.

20 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08586

CERTIFICATE OF DEATH.

20 E 08586

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No.) Calvert & Saratoga ST. 14-3 WARD)

2-FULL NAME Melvin Edward Sulser

(a) RESIDENCE NO. Sector, Hampshire County ST., W. Va. WARD

(Usual place of abode) W. Va.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? 1 yrs. 2 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	SINGLE

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) JAN. 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1yr	2mo	15 Days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sector, W. Va

PARENTS

10 NAME OF FATHER Lee Sulser

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Nancy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant (Address) Father Lee Sulser Sector W. Va

15 C. HAMPSON JONES, M. D. Registrar

MAR 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 19- 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1926 to March 20 1926

that I last saw him alive on March 20 1926,

and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH* was as follows:

Foreign Body in Rt Bronchus

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 3/19/26

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) E Norment M. D.

19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sector W. Va. DATE OF BURIAL 3/20/26

20 UNDERTAKER Stewart Mercer ADDRESS Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08587

CERTIFICATE OF DEATH.

31 E 08587

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Fulton Ave. St. 16-6 WARD)

2-FULL NAME Jones Kaufman

(a) RESIDENCE NO. 913 N. Fulton Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Robert L. Kaufman

6 DATE OF BIRTH (month, day, and year) Sept. 14 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	54	6	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (own) 31

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) York (State or country) Pa

PARENTS

10 NAME OF FATHER Reuben Legore

11 BIRTHPLACE OF FATHER (city or town) Penna (State or country)

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) Penna (State or country)

14 Informant Robert L. Kaufman (Address) 913 N. Fulton Ave

15 Filed APR 21 1926 19 C. HAMPSON JONES, M. D. Registrar by R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926, to March 20, 1926.

that I last saw her alive on March 17, 1926

and that death occurred, on the date stated above, at 11½ a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) E. J. Barr M. D.

(Address) 16 Collaborator Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forks. Penna. DATE OF BURIAL Mar 22 1926

20 UNDERTAKER George L. Schwab ADDRESS 2501 Erdk. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08588 08588

CERTIFICATE OF DEATH.

REGISTERED NO. 10-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. ST. 25-3 WARD)

2-FULL NAME Pauline Kiefer.

(a) RESIDENCE NO. St. Mary's Industrial School ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W-

5 Single, Married, Widowed, ~~or Divorced~~, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10-1918.

7 AGE: Years 7 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Kiefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Estelle Kiefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Brother Benjamin St Mary's Ind School

15 Filed MAR 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-18, 1926, to 3-20, 1926, that I last saw h alive on 3-20-, 1926, and that death occurred, on the date stated above, at 11.50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? School

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Findings

(Signed) Fraser Howell, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md. DATE OF BURIAL: 3/30 1926

20 UNDERTAKER: Chas P Raus & Son ADDRESS: 11 & Fort Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08589

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 08589

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 508 W. Cross St. (Ward) 2-3

2-FULL NAME Harry Brown.

(a) RESIDENCE. No. 508 W Cross St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — — 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General dlr.

(c) Name of employer Shreeves

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Mark Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Ander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. L. Conich (Address) 327 Aisquith St.

15 Filed APR 21 1926. C. HAMPSON JONES, M. D. Registrar

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/14/26 to 3/18/26, that I last saw him alive on 3/17/26, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

About (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (Indic?) about (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + microscopic

(Signed) J. Tom Bowley, M. D.

3/19/26 (Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 3/21/26.

20 UNDERTAKER Jas H Todd — ADDRESS 143 N Eutaw St.

IMPORTANT. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2104 Baker ST 15-12-90 WARD)

REGISTERED No. C E 08590

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Handwerger

(Residence in Baltimore: No. 2104 Baker st St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1873 (Year)

7-AGE, 53 yrs. — mon. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Fishel Susnitch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Handwerger

(Address) 2104 Baker st

15- Filed 2-1-1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. ..... mon. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mon. ..... ds.

(Signed) C. Hampson Jones M. D. (Coroner.)

March 20, 1926 (Address) 1500 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mon. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rondale

DATE OF BURIAL, 3/24 19 26

20-UNDERTAKER Aol. Levinson & Bro

ADDRESS 1121 E Balto st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08591

60-001

CERTIFICATE OF DEATH.

E 08591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE. (No. 2852 W. North Ave St. 15-8 Ward)

2-FULL NAME Margaret E. Wilson

(a) RESIDENCE NO. 2852 W. North ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30 - 1874

7 AGE: Years 53 | Months 9 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Archibald L. Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia L. Ritchie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Mollie Wilson

(Address) 2852 W. North ave

Filed MAR 21 1926 H. HANSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1925 to Mch 20 1926, that I last saw h[illegible] alive on Mch. 19 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute hyperthyroidism

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Exophthalmus Goitre

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Basal Metabolism Blood etc

(Signed) Harry Bigl M. D.

, 19 (Address) 100 E 23d St. Bmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

Date of Burial 3/22 1926

20 UNDERTAKER Chas P. Maus & Son

ADDRESS 1180 W. Royal Ave

Fill in all blanks in ink, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08592

CERTIFICATE OF DEATH.

21

E 08592

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 933 E. Preston St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose H. Cain

(a) RESIDENCE NO. 933 E. Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 22-1883

7 AGE: Years 43 | Months — | Days 27 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: James H. Cain

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Ann O'Dowd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Margaret Cain

(Address) 933 E. Preston St.

15 Filed ..., 19 ... A.M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1922, to Mar 19, 1926, that I last saw her alive on Mar 19, 1926, and that death occurred, on the date stated above, at 9.40 P M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Stethoscope & Symptoms

20 (Signed) Mary F. Voegtly M. D.

(Address) 1028 Valley St

3-20, 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

Date of Burial: 3/22" 1926

20 UNDERTAKER: Chas. E. Sauer & Son

ADDRESS: 1810 W. Baltimore St.

MAR 21 1926

Please write in ink, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 08593 — REGISTERED NO. E 08593

1-PLACE OF DEATH

City of BALTIMORE: (No. 2050 E. Fairmount Ave St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph Samuels

(a) RESIDENCE NO. 2050 E. Fairmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Samuels

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 70 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Scheeter

(b) General nature of industry, business, or establishment in which employed (or employer): laboratory

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Samuels

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 Eutaw St

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-20 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 20, 1926, that I last saw h[illegible] alive on March 20, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Gotham)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis J. Smith, M. D.

III 21, 1926 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave Date of Burial 3/21 19 26

20 UNDERTAKER: Jack Lewis ADDRESS 1439 Eutaw St

very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08594 E 08594

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. St. 61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Hurwitz

(a) RESIDENCE NO. 1618 E Baltimore ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Hurwitz

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 75 | Months — | Days — | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Beg master

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Linius Hurwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Imkan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Levis

(Address): 1432 E Baltimore

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

MAR 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 / 19 1926

17

I HEREBY CERTIFY, That I attended deceased from 2 / 13, 1926, to 3 / 19, 1926,

that I last saw h male alive on 3 / 19, 1926,

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Pemphigus

(duration) yrs 5 mos ds.

CONTRIBUTORY (Secondary): Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. Pelner M.D.

(Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 3/22 1926

20 UNDERTAKER: Jack Levis — ADDRESS: 1432 E Baltimore St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08595

E 08595

CERTIFICATE OF DEATH.

6-1

181-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Wolfe ST. WARD)

2-FULL NAME Bessie Zinober

(a) RESIDENCE NO. 114 N. Wolfe St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Zinober

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joshua Zinober

(Address) 114 N. Wolfe St. D

15 Filed 3-21 1926 192 HAMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19- 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Gas Poisoning-Incomplete combustion gas water heater. Was in bath tub near heater

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) reported to have had heart trouble for some time.

(duration) yrs. mos. ds.

(Signed) G H Yellott, M. D.

(Coroner)

3/20/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 3-21 192

20 UNDERTAKER Jack Lewis

ADDRESS 1409 E Fayette St

INSTRUCTIONS on back of certificate. Exact statement of OCCUPA

Spec.—1-10-21—M&T—1500 Bks.

19005-9 E 08596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 T 001 E 08596

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. 15-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rothis

(a) RESIDENCE NO. 3508 Cottage Ave. WARD Balto

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md —

PARENTS

10 NAME OF FATHER Fred Rothis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Freda Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn —

14 Informant Relative (Address) JOHNS HOPKINS HOSPITAL

15 Filed 3/19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1926

17

I HEREBY CERTIFY, That I attended deceased from March 17 1926 to March 19 1926

that I last saw him alive on March 19 1926

and that death occurred, on the date stated above, at 11 50 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) 2 days

CONTRIBUTORY (Secondary) Congenital Defects

(duration) 2 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam

(Signed) Thos. A. Cottrell M. D.

(Address) Johns Hopkins Hospital

3/19 26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 3/21 1926

20 UNDERTAKER Jacob Levin

ADDRESS 1439 E Baltimore

MAR 2 1926

THION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08597

CERTIFICATE OF DEATH.

90 E 08597

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 220 N. Wolf St 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Simon

(a) RESIDENCE NO. 220 N. Wolf St

(Usual place of abode) St. Ward

Length of residence in city or town where death occurred 22 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Freda Simon

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 51 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Gen

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Nathan Simon

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Freda Simon

(Address): 220 N. Wolf St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26: March 20

17 I HEREBY CERTIFY, That I attended deceased from March 4th 19 26, to March 18, 19 26, that I last saw h... alive on March 18, 19 ..., and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Adams Stokes disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. G. Michelson, M. D.

March 19 26 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hebrew Rosedale Date of Burial 3-22-19 26

20 UNDERTAKER: Jack Lewis ADDRESS: 1499 E Balto

Very important. See instructions on back of certificate.

Exact statement of OCCUPATION is

...ause of death is not properly classified. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08598

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 08598

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St. 13 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Cohen

(a) RESIDENCE NO. 2316 Madison ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Cohen

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 82 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Cohen

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Jack Lewis

(Address) 1439 E Baltimore

Filed ..... 19 .....

HARRY C. JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6th 1926, to March 20th, 1926, that I last saw him alive on 19 19 26, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Heart failure

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jack S Lewis, M. D.

19 (Address) 304 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Hebrew Rosedale 3/21 19 26

20 UNDERTAKER — ADDRESS

Jack Lewis 1439 E Baltimore

APR 21 1926

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08599

CERTIFICATE OF DEATH.

31

E 08599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2624 Fredk. Ave St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Warren Sadler

(a) RESIDENCE NO. 2624 Fredk Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1896

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
30	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'H

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph H Sadler

11 BIRTHPLACE OF FATHER (city or town) Penn.

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Elizabeth Sadler

(Address) 2624 Fredk Ave

15 Filed 19 A. M.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 19 1926

17

I HEREBY CERTIFY, That I attended deceased from March 16th 1921, to March 19th 1926

that I last saw him alive on March 19th 1926

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J E Poulton, M. D.

Mch 19 1926 (Address) 3909 Gamon Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Western Mch 22 1926

20 UNDERTAKER ADDRESS

W. H. Coale 3 E Lexington St

Very important. See instructions on back of certificates.

Be sure that the CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08600

CERTIFICATE OF DEATH.

129 E 08600

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 9th Ave Oak (St.) 25th (Ward) 4

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. McKean

(a) RESIDENCE NO. 9th Ave Oak ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah J. McKean

6 DATE OF BIRTH (month, day, and year): Oct 16 1855

7 AGE — Years: 71 — Months: 5 — Days: 4 — If LESS than 1 day, hrs. or min.: 3

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Bel Air Md

PARENTS

10 NAME OF FATHER: Wm McKean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Sarah J McKean
(Address): 9th & Oak Sts

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch. 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 17, 1926, to Mch 19, 1926
that I last saw him alive on Mch 17, 1926
and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine

(Signed) Geo. W. Kieffer M. D.
Mch 20 1926 (Address) 2320 Eastern Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 3/22 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Mt

APR 21 1926

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 08601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 124 E 08601

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital ST. 14-26 WARD)

2-FULL NAME Miss Edith Allen Hill

(a) RESIDENCE NO. 519 Alleghany Ave ST., Towson, Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~35~~ yrs. ~~4~~ mos. ~~14~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	35	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hugh C. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Rattle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Hugh C Hill (Address) Towson Md

15 Filed 12 1925 by C. LLOYD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1926

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1926, to March 19, 1926, that I last saw her alive on March 19, 1926, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis - Acute.

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of March 18 1926

Was there an autopsy? No. Drainage of Gall Bladder

What test confirmed diagnosis? Operation

(Signed) J. Sherman S. Jarrett M. D.

3-19, 1926 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudoun

DATE OF BURIAL Mar 22 1926

20 UNDERTAKER W. M. Cook

ADDRESS 1322 E Northern

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08602

CERTIFICATE OF DEATH.

49

E 08602

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Asylum, WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Kauffman

(a) RESIDENCE NO. 1062 W. Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Baltimore yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Kauffman

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 45 Months Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Michigan

PARENTS

10 NAME OF FATHER: John Gephart

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York State

12 MAIDEN NAME OF MOTHER: Jennie ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York State

14 Informant: Hospital Records Baltimore City Hospitals

15 Filed MAR 21 1926 19 C. HAMPSON JONES, M. D. Registrar per ——

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3 - 1926, to March 20 1926, that I last saw h[illegible] alive on March 20 1926, and that death occurred, on the date stated above, at 4 20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) yrs. 8 mos (History).

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What [illegible] confirmed diagnosis? Clinical and Lab Tests

(Signed) Jos. S. Kamps Jr. M. D.

Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Mar 23 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 532 E Madison

IMPORTANT. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08603

CERTIFICATE OF DEATH.

74-201 E 08603

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3017 Westwood Ave ST. 15-7 WARD)

2-FULL NAME Mrs. Mary Isabel Forster.

(a) RESIDENCE No. 3017 Westwood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mathew Forster

6 DATE OF BIRTH (month, day, and year): Oct 24. 1851

7 AGE — Years: 74 | Months: 4 | Days: 26 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER: John Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Mekins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Maud J. Forster

(Address): 3017 Westwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from several years to Mar. 20th 1926.

that I last saw him alive on Mar. 20th 1926.

and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) several years

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Nothing special,

(Signed) O. H. Hoffman, M. D.

3/20. 1926 (Address) 3400 Walbrook Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: Mar 23 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 Woodbourne

FORM IS VERY important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08604

CERTIFICATE OF DEATH.

179 E 08604

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 S. Charles St., 23-2 WARD)

2-FULL NAME Ella A Price

(a) RESIDENCE NO. 2120 S Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph A Price

6 DATE OF BIRTH (month, day, and year): March 12/1866

7 AGE: Years 60 | Months | Days 7 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Joseph A Price 2120 S Charles St

15 Filed MAR 21 1924 19 ..... Registrar

E. HARRIS JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 1924

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1924, to Mar 19, 1924.

that I last saw h alive on Mar 19, 1924.

and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R B Campbell M. D.

Mar 20 1924 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: March 1924

20 UNDERTAKER: Williamson & Brad

ADDRESS

IMPORTANT. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08605

CERTIFICATE OF DEATH.

1294 E 08605

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 353 Patapsco St. Westfar 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Lyman

(a) RESIDENCE. No. 353 patapsco ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Emma Lyman

6 DATE OF BIRTH (month, day, and year): March 4 1854

7 AGE — Years: 72 — Months: mo — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country): Wis

PARENTS

10 NAME OF FATHER: unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown.

14 Informant: Emma Lyman (Address) 353 Patapsco

15 Filed ... 19... Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to March 20, 1926, that I last saw h[illegible] alive on March 19, 1926, and that death occurred, on the date stated above, at 11:15 a. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Raymond J Adams, M. D.

(Address) Lieutenant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Mar 23 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Instructions: Fill in all items. Use ditto marks (") for repetitions. Where information is not known, write "unknown." Where item is not applicable, write "none." Be sure to answer every question. Every item is important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08606

CERTIFICATE OF DEATH.

118-002 E 08606

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital S. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Smith

(a) RESIDENCE NO. 409 Schwartz Ave (Govans Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt L Smith

6 DATE OF BIRTH (month, day, and year) Sept 26/1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER James Laws

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Maria Gines

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Robt L Smith

(Address) 409 Schwartz Ave

15 Filed MAR 21 1926 Registrar Per K K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-gangrene of intestine
Obstruction of boweldue to
Post operative adhesions
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (Autopsy at Hopkins
(duration) .....yrs. .....mos. .....ds.

(Signed) J H Cullen M. D.
(Coroner)

3/20/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cem. Govanstown Date of Burial 3/21/26

20 UNDERTAKER Wm. G. H. Holland ADDRESS 1631 Druid Hill

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Blks.

E 08607

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

17 E 08607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1522 McCulloh ST. 141 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janette Louise Hill

(a) RESIDENCE NO. 1522 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 2 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Hill

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: Unknown about 89 yrs. Months: Days: If LESS than 1 day, hrs. or min.: Definitely

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Americus Ga

PARENTS

10 NAME OF FATHER: Rufus Seymore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant: Minnie L. Gaines

(Address) 1522 Mcculloh St

15 Filed: MAR 21 1926 C. HAMPSON JONES, M. D. Registrar

per L K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/19/1926

17

I HEREBY CERTIFY, That I attended deceased from 3/10/1926 to 3/19/1926, that I last saw her alive on March 19, 1926, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 da.

CONTRIBUTORY (Secondary): Cardiac decompensation

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Gaines M. D.

(Address) 1611 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemty

DATE OF BURIAL: 3/22/1926

20 UNDERTAKER: Mr. Geo. H. Holland

ADDRESS: 1631 Dimock St

See instructions on back of certificates. Statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 086608

CERTIFICATE OF DEATH.

49 E 086608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes. Hosp (St.) 20-1 (WARD)

2-FULL NAME John West

(a) RESIDENCE NO. 2543 McHenry St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male.

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of (or WIFE of) Rosa. West

6 DATE OF BIRTH (month, day, and year) Mar 11, 1861

7 AGE: Years 65 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "Germany

14 Informant (Address) John West 2543 McHenry st

15 Filed. 1926 1949 C. HAMPSON JONES, M. D. Registrar Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/2/, 1926, to 3/19/, 1926, that I last saw h~~e~~ alive on 3/19/, 1926, and that death occurred, on the date stated above, at ~~11~~ 12.30 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/19/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Greenstein, M. D.

3/18, 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3/22 1926

20 UNDERTAKER Geo Lembach & Son

ADDRESS 247 N Paca St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08609

CERTIFICATE OF DEATH.

1 7 E 08609

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 758 Reservoir St (St.) 13-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel A Stern

(a) RESIDENCE NO. 758 Reservoir St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: (write the word) Widower

5a If married, widowed, or divorced (or) WIFE of: Hennie Stern

6 DATE OF BIRTH (month, day, and year): Aug. 6. 1858

7 AGE: Years 67 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Wm Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Blackwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Sam Cattlebach

(Address): 758 Reservoir St

15 Filed APR 21 1926 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 1926

17 I HEREBY CERTIFY, That I attended deceased from January, 1926, to March 19, 1926, that I last saw h— alive on March 19, 1926, and that death occurred, on the date stated above, at 9:10 m.

The CAUSE OF DEATH* was as follows:

Aortic - Sclerosis - nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): anemia & myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lent, M. D.

3-20, 1926 (Address) 2043 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chet Sholem

DATE OF BURIAL: March 21 1926

20 UNDERTAKER: Chas Sandheim

ADDRESS: 115-20 W Fayette

Royal Law

Spec.—1-10-21—M&T—1500 Blks.

E 08610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marlborough Cott. (WARD) 14 E

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomley W. Martin

(a) RESIDENCE NO. The Marlborough Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hulda R. Martin

6 DATE OF BIRTH (month, day, and year): Oct. 2, 1870

7 AGE: Years 55 Months 5 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Apt. House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elizabeth N.J.

PARENTS

10 NAME OF FATHER: Joshua Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Letitia Utley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mr. D. Steiff Marlborough Apts.

15 Filed 2 1 1926, 19 Registrar C. HAMPSON JONES, M. D. PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 13th, 1926, to Mar 20, 1926.

that I last saw him alive on Mar 20, 1926.

and that death occurred, on the date stated above, at 6. a m. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum exam

Signed and sworn to before me this 20th day of Mar, 1926

(Signed) J. Mack, M. D.

(Address) 118 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: 3/22/1926.

20 UNDERTAKER: Druid Sondheim ADDRESS: 1030 W. Baltimore St. Royal Ave.

Instructions: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E8611 E8611 E8611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

70 E County
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 16-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Buettner

(a) RESIDENCE NO. 908 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) aug 6. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Philip J. Buettner

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Murray

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md
(State or country)

14 Informant Mrs. Buettner
(Address) 908 W Franklin St

15 Filed ....., 19.. [illegible] Registrar
2 1 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to March 20, 1926,
that I last saw him alive on March 20, 1926
and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Septicemia

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? Yes What test confirmed diagnosis? Clinical & Autopsy

(Signed) Clement R. Mowell, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL March 22 19 26

20 UNDERTAKER Margaret L. Flynn ADDRESS 1402 Light

FROM is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08612

CERTIFICATE OF DEATH.

138 **E 08612**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes' Hospital ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ethel Condas

(a) RESIDENCE NO. 516 W. Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Condas

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. Ethel Condas

(Address) 516 W. Mulberry St

15 Filed [illegible] 19 [illegible] C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 1926, to 3-19, 1926,

that I last saw her alive on 3-19, 1926,

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pelvic abscess with partial obstruction.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Terminal pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-10-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis A. Ellis, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL March 22 26

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 06613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06613

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Hanover ST. 77-2 WARD)

2-FULL NAME Jane Noar

(a) RESIDENCE NO. 503 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Dont Know

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boston, Mass (State or country)

PARENTS

10 NAME OF FATHER — Sullivan

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Sister Michaela (Address) 507 Hanover St

15 Filed MAR 21 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany, 1926, to Mar 19, 1926, that I last saw h-t alive on Mar. 19, 1926 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interst. Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) H. O. Smith, M. D.

Mar 21, 1926 (Address) 111 W. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL March 22 1926

20 UNDERTAKER Margaret L. Flynn — ADDRESS 1422 Light St.

Fill in all items if possible. Use typewriter if convenient. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08614

CERTIFICATE OF DEATH.

90 E 08614

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 25-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry Moore

(a) RESIDENCE NO. 116½ Schenly Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B ~~Anderson~~

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: about 70 yrs. Months: Days: If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed MAR 22 1926 C. HAMPSON JONES, M. D. Registrar Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 19 1926, that I last saw h[redacted] alive on March 19, 1926, and that death occurred, on the date stated above, at 4:05 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr Lindsay Miller. M. D.

3/20, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: Mar 23 1926

20 UNDERTAKER: W M Cook — ADDRESS: 502 E Madison

Spec.—1-10-21—M&T—1500 Bks.

E 08615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Watson Fahey

(a) RESIDENCE NO. St Marys Industrial School WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 11 - 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Everett Fahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Brother (Benjamin) (Address) St Marys Industrial School

15 Filed MAR 22 1926 Registrar THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21st 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-21, 1926, to 3-21, 1926, that I last saw her alive on 3-21, 1926, and that death occurred, on the date stated above, at 2 20 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. Marys School

Did an operation precede death? No Date .....

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) J. Sherwood Hunter, M. D.

3/21, 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Delaware

DATE OF BURIAL 3/21 1926

20 UNDERTAKER Chas P. Kraus & Son

ADDRESS 1180 W North Royal Ave

Instructions on back of certificate.

Spec.—100-M—M&T—1500 Bks.

E 08616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08616

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-3 ST. WARD)

2-FULL NAME Olivia Hawkins

(a) RESIDENCE NO. 133 Aliceanna ST., WARD Belair Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 31 Years 3 Months Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md Unknown

12 MAIDEN NAME OF MOTHER: Emma Hall Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md. Unknown

14 Informant: Records Johns Hopkins Hospital
(Address): James W. Hall Belair Md.

15 Filed 2 2 1926, 19 Per RK Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12th, 1926, to Mar. 21st, 1926, that I last saw her alive on Mar. 21st, 1926, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with hypertension.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Charles Reed, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Belair Md | DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Dean & Fisher | ADDRESS: Belair Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08617.

CERTIFICATE OF DEATH.

179

E 08617.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 1353 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R. Curran

(a) RESIDENCE NO. Falls Road 3614 St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Child

6 DATE OF BIRTH (month, day, and year): Sep 18, 1923

7 AGE — Years: 2 1/2 years — Months: 6 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nil

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: A. Curran

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ire

12 MAIDEN NAME OF MOTHER: Mullen

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa

14 Informant: Father Curran

(Address): Falls Road 3614

Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.)

find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Septicaemia following Surgical operation

CONTRIBUTORY (Secondary)

(Signed) ..... M. D.

(Coroner)

March 21 1926 (Address) 16 S. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: March 23 1926

20 UNDERTAKER: Ehrenworth Son ADDRESS 3417 Eastern Ave

R. 2. 1926.

CHAS. C. JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08618

CERTIFICATE OF DEATH.

46 E 08618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Parkdale Ave. 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Riley

(a) RESIDENCE NO. 3516 Parkdale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Eligah Riley

6 DATE OF BIRTH (month, day, and year): Oct 6 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Amos Groves

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Bettis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Eligah Riley

Address: 3516 Parkdale ave

15 Filed 2-2 1926, 19 C. HARRY JONES, M. D. Registrar

Per L K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20-26

17 I HEREBY CERTIFY, That I attended deceased from July 2, 19 25 to Mar 20 19 26.

that I last saw her alive on Mar 19 19 26.

And that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cancer of uterus

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) X yrs. X mos. X ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mac Burney M. D.

19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden | DATE OF BURIAL: Mar. 22 19 26

20 UNDERTAKER: Chenowith Lon | ADDRESS: 361 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08619

CERTIFICATE OF DEATH.

161-001

E 08619

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Sommers

(a) RESIDENCE NO. 9 N Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3/20/26

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Non

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Otis A Sommers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Cathrine E Reff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Otis Sommers

(Address): 9 N. Calhoun st.

15 Filed , 19 CHARLES JONES, M. D., Registrar

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/20/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/19/, 1926, to 3/20/, 1926, that I last saw h[illegible] alive on 3/20/26, 1926, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurely

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theron Hunter M. D.

3/19/1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Mar 22, 1926

20 UNDERTAKER: John Fiddo 1200 W Lombard

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08620

CERTIFICATE OF DEATH.

185 E 08620

1-PLACE OF DEATH West Balto Gen Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner - Dukeland St WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Abbigail Baxter

(a) RESIDENCE No. 1039 N. Fayette ST. St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs 7 mos 3 ds. How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND of (or WIFE)): William Baxter (dec)

6 DATE OF BIRTH (month, day, and year): Sept 18rd 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer: None

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Reginal Danaskup

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jane Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Jennie McKinnon 1039 N Fayette St

15 Filed 2 2 1926, 19 — C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21 19 26

17 I HEREBY CERTIFY, That I attended deceased from February 22, 19 26, to Mar 21, 19 26.

that I last saw her alive on Mar 21, 19 26

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonal Tuberculosis Lower Lobe, Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency - Terminal Hypostatic Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1039 N Fayette St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X Ray

(Signed) R Farber, M. D.

3/24, 1926 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Mch 24 1926

20 UNDERTAKER: Jos B. Cook — ADDRESS: 1003 N Balto

Spec. 9-11-10-21—M&T—1500 Bks.

89 11
08621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08621

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 8-4 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Franklin

(a) RESIDENCE NO. 1803 E. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas D. Franklin

6 DATE OF BIRTH (month, day, and year): Nov. 13 1886

7 AGE: Years 39 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min. 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sykesville Md

PARENTS

10 NAME OF FATHER: Separate Christie Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind.

12 MAIDEN NAME OF MOTHER: Sarah Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed MAR 22 1926 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 13th, 1926, to Mar. 21st, 1926, that I last saw h[er] alive on Mar 21st, 1926, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Rheumatic Heart Disease (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture

(Signed) E. Louise Andrus, M. D.

3/21, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sykesville Md | DATE OF BURIAL: Mar 24 1926

20 UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balt

Spec.—1-10-21—M&T—1500 Bks.

E 08622

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

E 08622

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 E Fayette ST. 6-2 WARD)

2-FULL NAME Herman Wiedenhoeft

(a) RESIDENCE No. 2216 E Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? 36 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Theresa Wiedenhoeft

6 DATE OF BIRTH (month, day, and year): June 7th 1854

7 AGE — Years: 71 — Months: 9 — Days: 13 — If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Karl Wiedenhoeft

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Wiedenhoeft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Theresa Wiedenhoeft 2216 E Fayette St

15 Filed 2 2 1926, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3. 20. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11 1926 to March 20 1926

that I last saw him alive on March 20 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary): Pneumonia (duration) — yrs. 2 mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What tests confirmed diagnosis? Clinical

(Signed) H. A. Meyer M. D.

3/22 1926 (Address) 1031 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. German Cem — DATE OF BURIAL: Mar 23 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 08623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08623
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. B V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bawaks

(a) RESIDENCE No. Bank St. near Broadway WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ca yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: 65 yr.

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals
(Address) Wards

15 Filed 3 21 1926 19.. Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18th 26

17 I HEREBY CERTIFY, That I attended deceased from March 17, 19 26, to March 18 19 26, that I last saw him alive on March 18, 19 26 and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory autopsy

(Signed) Lindsay Rullin, M. D.

3/20/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 3/22 1926

20 UNDERTAKER: D. D. Fahey Sons — ADDRESS: 3 E. Light St

Instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W Fayette St. 18-2 WARD) 90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E Zimmerman

(a) RESIDENCE. NO. 1022 W Fayette ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L Zimmerman

6 DATE OF BIRTH (month, day, and year) Sept 8, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) [redacted] of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George H Jarvis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Mary J Coffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant William L Zimmerman

(Address) 1022 W. Fayette St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 19 25, to Mch 20, 19 26, that I last saw h alive on Mch 19, 19 26, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Norwood M. D.

Mch 21, 19 26 (Address) 1022 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	March 23 1926
20 UNDERTAKER	ADDRESS
George J Smith	1532 Hollins

Spec.—1-10-21—M&T—1500 Blks.

E 08625 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08625

CERTIFICATE OF DEATH.

REGISTERED NO. 154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E Hayward Av ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Frank Tinsley

(a) RESIDENCE NO. 102 E Hayward Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mch 1, 26

7 AGE Years — Months — Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nelson L Tinsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lavina Franks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Father (Address) 102 E Hayward Av

15 Filed 2 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 21 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mch 1, 1926, to Mch 21, 1926, that I last saw him alive on Mch 20, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Failure of Chronic Interstitial Nephritis

(duration) yrs. mos ds. —

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? — Clinical

(Signed) Charles J Wells, M. D.

, 19 (Address) 2242 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL March 23 1926

20 UNDERTAKER Ger. H. Feldt ADDRESS 5 Emmerson

Spec.—1-10-21—M&T—1506 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 08626

1-PLACE OF DEATH E 08626

CITY OF BALTIMORE: (No.) Baltimore city hospitals (St.) 5-1 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Lushy

(a) RESIDENCE NO. 100 N. Front st. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Leonda Lushy

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Lushy

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed MAR 27 1926 H. C. HARRISON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to March 18, 1926, that I last saw him alive on March 18, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) Unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane Jr, M. D.

3-18, 1926 (Address) Baltimore city hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred Buried in Mt Calvary DATE OF BURIAL June 6 1926

20 UNDERTAKER Wm H. & L. Funk ADDRESS 251 W Baltimore

3-19-26

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

~ 08627. CERTIFICATE OF DEATH. E 08627

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Bayne and Dukeland ST. 22-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Williams

(a) RESIDENCE NO. 715 "4" St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced? (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 087

(b) General nature of industry, business, or establishment in which employed (or employer) Cafe Waiter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/12, 1926, to 3/12, 1926, that I last saw her alive on 3/12, 1926, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. Wm. M. D.

, 19 (Address) 1 W B St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Bureau of Vital Statistics

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 08628

E 08628 DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 22-1 WARD)

2-FULL NAME Hattie Scheer

(a) RESIDENCE NO. 637 Portland ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady 67

(b) General nature of industry, business, or establishment in which employed (or employer) Dept Store

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Scheer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Gamza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Scheer
(Address) 637 Portland

15 Filed ..... 19 .....
Per .....
HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1926

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 21, 1926, that I last saw h[e] alive on March 21, 1926, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Subacute non-hemolytic endocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab findings

(Signed) Victor Leder, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 3/22 1926

20 UNDERTAKER Jacob Lewis

ADDRESS 1409 E Balt

E 08629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08629

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 131 W. 20th St. 17-5 90 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Elliott

(Residence in Baltimore: No. 131 W. 20th

life

St; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C.

5-SINGLE, MARRIED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1864 (Year)

7-AGE: 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Henry Gaither

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Albert

(Address) 131 W. 20th St.

15-

Filed 2 1926, 191

C. HARRY JONES, M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 17 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral

Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Clemmer (Coroner) M. D.

Jan 20 1926 (Address) 2727 Rolandpark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Alsbury Cemtry

DATE OF BURIAL: Mar 22 1926

20-UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1722 Ashland ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08630

CERTIFICATE OF DEATH.

E 08630

51

25-9

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 517 Annapolis Ave. ST. Brooklyn. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank R. Murray.

(a) RESIDENCE No 517 Annapolis Ave. ST. Brooklyn. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Jennie E. Murray.

7 DATE OF BIRTH (month, day, and year) March 31, 1863

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	62	11	19 20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B. & O. R.R. Conductor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William Murray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER NN Murray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Jennie E. Murray. (wife)

(Address) 517 Annapolis Ave. Brooklyn.

Filed APR 2 1926 19... C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) 0 yrs. 2 mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

March 21, 1926 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/23/1926
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1460 Battery Av.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Riverside Ave ST.: ~~24th~~ WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Jane Lawton.

(a) RESIDENCE. No. 1113 Riverside Ave. ST., 24th WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. ~~0 mos.~~ 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles H. Lawton

6 DATE OF BIRTH (month, day, and year) March 6, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill. Maryland.

PARENTS

10 NAME OF FATHER John H. Walton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Charles H. Lawton (Jr).
(Address) 1050 William St.

15 Filed . 19 Registrar

R 2 1926 HAMPDEN [illegible] MD.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926. to March 19, 1926. that I last saw her alive on March 18, 1926. and that death occurred, on the date stated above, 5.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease
(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Bronchitis
(duration) 0 yrs. 1 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

. 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	3/22 1926
20 UNDERTAKER	ADDRESS
E. C. Fanning & Sons	1460 Baltimore Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08632

E 08632

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 W. Franklin St.; 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Krauder Sr

(Residence in Baltimore: No. 1429 W. Franklin St.; 65 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 11th, 1843 (Month) (Day) (Year)

7-AGE, 82 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Martin Krauder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Dell

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Krauder Jr.

(Address) 1624 Eutaw Place

15- Filed ..... 192[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1926, to March 17 1926, that I saw h[illegible] alive on March 17 1926, and that death occurred, on the date stated above, at 10 H. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease Heart

(Duration) Do not Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. J. Carruck M. D.

March 20 1926 (Address) 1127 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Do not Know

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Mar. 22 1926

20-UNDERTAKER Jos Foerdenson Son

ADDRESS 207 S. Pa[illegible]

Spec.—1-10-21—M&T—1500 Blks.

Grape

E 08633

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 08633

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L. Grape

(a) RESIDENCE NO. 1733 E. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feby 20 - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Grape

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs L. Grape

(Address) 1733 E. Preston

15 Filed MAR 22 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-18-26, 19..., to 3-21-26, 19...,

that I last saw him alive on 3-21-26, 19...,

and that death occurred, on the date stated above, at 6 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 37 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Arthur Linck, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Mar 22, 1926

UNDERTAKER Leith & Turner

ADDRESS 1417 Eutaw

Spec. 1-10-21 M&T 1500 Bks.

E 08634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08634

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (N.) Bay View Asylum, ST., (WARD) 8-4

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank O'Connell

(a) RESIDENCE No. 1825 East Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 5 - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60 years	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass Blower

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles O'Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portland

12 MAIDEN NAME OF MOTHER Mary McGuire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portland

14 Informant Hospital Record
(Address) Baltimore City Hospitals

15 Filed 19 C. HAMPSON JONES, M.D. Registrar
Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to March 18, 1926, that I last saw him alive on March 18, 1926, and that death occurred, on the date stated above, at 3.05 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno. C. Champe, M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL March 22 1926

20 UNDERTAKER Ralph J. Bonner ADDRESS 1412 W. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08635

CERTIFICATE OF DEATH.

101 E 08635

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 N. Bruce · ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marshall. C. Cromwell,

(a) RESIDENCE NO. 1526 n. Bruce · — ST., ... WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	Colored	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gussie Cromwell.

6 DATE OF BIRTH (month, day, and year) Unknown. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer,

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Howard Co md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) — (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) —

14 Informant Mrs Mary J. Rhodes

(Address) 1526 N. Bruce St.

15 Filed 2 7 1926, 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1926, to Mar 19, 1926, that I last saw him alive on Mar 19, 1926 and that death occurred, on the date stated above, at 11 40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Tracy, M. D.

3/20, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL March 22 1926

20 UNDERTAKER Mrs Sac H. Dennis

ADDRESS 1303 Pleasant St

Per H. E. Kelson

Spec.—1-10-21—M&T—1500 Bks.

Elvin Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

08636

CERTIFICATE OF DEATH.

104 E 08636

-1- PLACE OF DEATH

CITY OF BALTIMORE: (No. 1372 Lemmon ave. Ward 7-1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2- FULL NAME Elvin Jones

(a) RESIDENCE NO. 1372 Lemmon ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jan 13, 1925

7 AGE: Years 1 | Months 2 4 7 | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Elgar Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mont

12 MAIDEN NAME OF MOTHER: Mary Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Mary Jones

(Address): 1372 Lemmon ave

15 Filed 2-2 1926 19 — CLARENCE H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/27/26, 19 , to 3/20 1926.

that I last saw h alive on 3/20/26

and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Malnutrition

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

3/20 1926 (Address) 924 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cem

DATE OF BURIAL: 3/22 1926

20 UNDERTAKER: Harold Easton

ADDRESS: 914 Pa Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08637

CERTIFICATE OF DEATH.

90 E 08637

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 Granville ST. 17-2 WARD)

2-FULL NAME Olevia Griffin

(a) RESIDENCE NO. 553 Granville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Griffin

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen Work

(b) General nature of industry, business, or establishment in which employed (or employer) Gen Work

(c) Name of employer Mrs Rubin

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Paul Griffin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Hattie Rose Lee
(Address) 704 East Lan St

15 Filed MAR 22 1926 C. HAMPSON JONES, M. D. Registrar
Per R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to March 19, 1926, that I last saw her alive on March 19th, 1926, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia (duration) — yrs 1 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) — yrs — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc

(Signed) Edward E. Kuckemann, M. D.

Mch 20, 1926 (Address) 1339 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 3/22 1926

20 UNDERTAKER David Easton — ADDRESS 915 Pacca

Spec.—1-10-21—M&T—1500 Bks.

E 08638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08638

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5306 York Road ST. 27-7 WARD)

2-FULL NAME Mary Ann Delcher

(a) RESIDENCE NO. 5306 York Road ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. B. Delcher

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1845

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER ? Naumith

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Davids

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. J. S. Parr (Address) 5306 York Road.

15 [illegible] 2 2 1926 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2 1925 to March 21 1926, that I last saw h[illegible] alive on March 20 1926, and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Mitral + Aortic Insufficiency

(duration) 3+ yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

(Address) 581 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Mar 23 26

20 UNDERTAKER Wm. Tickner & Sons ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08639

CERTIFICATE OF DEATH.

E 08639

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 Edmondson Ave. St.) (16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louisa Knipp

(a) RESIDENCE No. 2630 Edmondson Ave. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Knipp

6 DATE OF BIRTH (month, day, and year) Nov. 13 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	68	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacob Moseman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Allen

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Miss Katherine Knipp
(Address) 2630 Edmondson Ave.

15 Filed 3 2 1926 C. HAMPSON JONES, M. D. Registrar
For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1926, to Mar 19, 1926, that I last saw her alive on Mar 19, 1926, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Lagrippe, Bronchopneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual facts

(Signed) T. E. Knipp, M. D.

3/20, 1926 (Address) 1002 N. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Mar 22, 26

20 UNDERTAKER Wm. Tuckner Sons ADDRESS Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08640

CERTIFICATE OF DEATH.

100-001

E 08640

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St., 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Hamper

(a) RESIDENCE NO. 1838 E. Eager St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) June 9/1925

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER George H. Hamper

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Myrtle Waggner

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Geo. H. Hamper

(Address) 1838 E. Eager St.

15 Filed MAR 23 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia-rt purulent pluerisy-meningitis- rt. Mastoditis

(Autopsy at Hopkins)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Weis M. D. (Coroner)

3/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Mar 23 26

20 UNDERTAKER Henry Storch Son ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08641

CERTIFICATE OF DEATH.

100-001

E 08641

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. 2nd St., Brooklyn WARD) 75-1

2-FULL NAME James E Snyder

(a) RESIDENCE NO. 24 S 2nd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): June 13 1923

7 AGE: Years 2 Months 9 Days 5 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Brooklyn Maryland

PARENTS

10 NAME OF FATHER Edward W Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn Maryland

12 MAIDEN NAME OF MOTHER Edna E Ruby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr Edward W Snyder (Address) 245 2nd st

15 Filed APR 22 1926, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926 to Mar 19, 1926 that I last saw h alive on Mar 19, 1926 and that death occurred, on the date stated above, at 10 56 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Primary) (duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

Mar 20, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: March 22 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 08642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

† 129 E 08642

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-2 WARD)

2-FULL NAME John G. Tochterman

(a) RESIDENCE NO. 1421 Toronto st. Phila. P.a. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Tochterman

6 DATE OF BIRTH (month, day, and year): April 26 (18)71

7 AGE: Years 48 | Months 10 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Railroader

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John A. Tochterman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Gertrude Rhenberd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): P. a.

14 Informant: Josephine Tochterman

(Address) 1421 S. Toronto ave Phila Pa.

15 Filed MAR 22 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to March 18, 1926, that I last saw him alive on March 18, 1926 and that death occurred, on the date stated above, at 7.12 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Clinical

What test confirmed diagnosis? .....

(Signed) Clement R. Morrow, M. D.

(Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem.

DATE OF BURIAL: March 23 26

20 UNDERTAKER: Jos. J. Kerr

ADDRESS: 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

✓ E 8643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08643

CERTIFICATE OF DEATH.

24-001 B 08643

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 7-9 WARD)

2-FULL NAME Wm Edward Edward Lindsay

(a) RESIDENCE NO. St Joe's Penegay or Germans ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): April 7-1861

7 AGE — Years: 64yrs 8 | Months: 11 | Days: 14 | If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

21926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1926, to March 21, 1926, that I last saw him alive on March 21, 1926 and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Rt. hemiplegia (cerebral hemorrhage)

(duration) ..... yrs. mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

3/22-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Mch 23 1926

20 UNDERTAKER: Chas. E. Franck ADDRESS: 802 Madison Ave

622 N Mont Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08644

CERTIFICATE OF DEATH.

31 E 08644 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 John ST. 142 WARD)

2-FULL NAME Mary E. Reynolds

(a) RESIDENCE NO. 1634 John ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Reynolds

6 DATE OF BIRTH (month, day, and year) Dec 7, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Samuel Keen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John J. Reynolds (Address) 1634 John St

15 Filed 3-22 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1 1926 to March 20 1926, that I last saw him alive on March 14 1926, and that death occurred, on the date stated above, at 3 10 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Chronic

(Due to Rheumatism)

17 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

3/21, 19 26 (Address) 622 N. Mont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	March 23 1926
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc	1710 Mont Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08645

CERTIFICATE OF DEATH.

90

E 08645
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Grindall ST., 24-1 WARD)

2-FULL NAME Ferdinand N Harkensee

(a) RESIDENCE NO. 412 Grindale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Harkensee

6 DATE OF BIRTH (month, day, and year) Sept 13 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman. 062

(b) General nature of industry, business, or establishment in which employed (or employer) Md Trust Co Bank

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Harkensee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agatha Myer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Harkensee (Address) 412 Grindall St

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to March 20, 1926.

that I last saw him alive on March 19, 1926.

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Smith, M. D.

1926 (Address) 910 Eighteen St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eastern. DATE OF BURIAL 3-23-1926

20 UNDERTAKER E & R Steele ADDRESS 115 E Lexington

Spec.—1-10-21 M&T 1500 Bks.

E 08646 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-3 129 E 08646

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Somsia ~~Wiester~~ Western

(a) RESIDENCE NO. 917 Russell St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Married / Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Patrick H.~~ Clarence Wiesters.

6 DATE OF BIRTH (month, day, and year) Nov 12 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or ... min.
72	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: John Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Reed-

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Robt N. Western

(Address) 106 N Randall St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1926, to Mar 20, 1926.

that I last saw h[illegible] alive on Mar 20, 1926.

and that death occurred, on the date stated above, at 10 45 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephr.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of No

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) James W. Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 3-23 1926

20 UNDERTAKER: E & B Hart — ADDRESS: 115 E Mt St

Spec.—1-10-21—M&T—1500 Bks.

E 08647. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28-4 44 E 08647.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Walnut Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Ebelke

(a) RESIDENCE NO. 4310 Walnut Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Ebelke.

6 DATE OF BIRTH (month, day, and year): April 25-1863

7 AGE: Years 62 Months 10 Days 23 da.

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house-wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Essen Germany.

PARENTS

10 NAME OF FATHER: John Döcbler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essen Germany.

12 MAIDEN NAME OF MOTHER: Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westphalia Germany.

14 Informant: Henry Ebelke. (Address): 4310 Walnut ave.

15 Filed APR 2 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-20- 1926.

17 I HEREBY CERTIFY, That I attended deceased from October 25, 1925, to March 20-, 1926., that I last saw her alive on March 17-, 1926., and that death occurred, on the date stated above, at 12:30 PM

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

3-20- 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Violetville — DATE OF BURIAL: 3-24 1926

20 UNDERTAKER: Mr Chas A G Rohde — ADDRESS: 600 N Arlington Ave

Spec.—1-10-21—M&T—1500 Blks.

08648

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08648

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 N. Eden ST. 10-2 WARD)

2-FULL NAME Jane E. Jenkins

(a) RESIDENCE NO. 703 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ernest Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.C. Washington

12 MAIDEN NAME OF MOTHER Minnie Brace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Minnie Jenkins 703 N. Eden St.

Date R 2 2 1926 H. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8th, 1926, to March 24th, 1926, that I last saw h alive on March 20, 1926, and that death occurred, on the date stated above, at 7 4' m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical examination

(Signed) P. E. Filly, M. D.

Address 1 W. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1225 Richland ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08649

CERTIFICATE OF DEATH.

E 08649

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 S 2nd St Brooklyn WARD 25-7)

2-FULL NAME Frieda Louisa Finke

(a) RESIDENCE NO. 333 S 2nd St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Emil Finke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Rankel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Emil Finke

(Address) 333 S 2nd St

15 Filed C. HAMPSON JONES, M. D. Registrar

MAR 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1926, to Mar 22, 1926, that I last saw h alive on Mar 21, 1926 and that death occurred, on the date stated above, at 12.35 A m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

Mar 22 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Mar 23, 1926

20 UNDERTAKER John Merriel

ADDRESS 208 Oregon

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08650

CERTIFICATE OF DEATH.

17-1 47 E 08650

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 627 W. Lanvale St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Frances Deaver Waring.

(a) Residence No. 627 W. Lanvale St., Ward.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (Write the word.): Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Clayton C. Waring

6-DATE OF BIRTH (month, day and year): May 1873

7-AGE: 52 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Jefferson McCabe

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Maryland

12-MAIDEN NAME OF MOTHER: Alice Deaver

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Maryland

14-

(Informant): Nora M. Waring

(Address): 627 W. Lanvale St.

15-

Filed 192

Per Registrar.

C. HAMPSON JONES, M. D.

2 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3-20-26

17- I HEREBY CERTIFY, That I attended deceased from Nov 11th, 1925 to March 16th, 1926.

that I last saw h[illegible] alive on March 20 1926

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma and Carcinoma of Mammary Gland.

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At House of death

Did an operation precede death? No Date of

Was there an autopsy? Yes Clinical Findings

What test confirmed diagnosis?

(Signed) R. Brownfield Fargo M. D.

, 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Laurel Cemetery	3/23 19 26
20-UNDERTAKER.	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08651 E 08651

CERTIFICATE OF DEATH.

4-1 31

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 635 W. Lombard St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Kazemer Jenushis or Karlienskas

(a) Residence No. 635 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
M	W	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6-DATE OF BIRTH (month, day and year) No. 1874

7-AGE. 52 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Lithuania

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Lithuania

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Lithuania

14- (Informant). Mrs. Mary Jonushas
(Address) 635 W. Lombard St.

Filed 1926 C. HARPER JONES, M. D. Registrar.

By KK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 20, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1926 to March 20 1926 that I last saw h in alive on March 19, 1926 and that death occurred, on the date stated above, at 12:20 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Brownlee, M. D.

3-22-, 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	March 25, 1926
20-UNDERTAKER.	ADDRESS
John Gudaitis	1155 Vocation St.

Spec.—1-1021—M&T—1500 Blks.

Menor Markowske

5

E 08652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08652

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 7-1 WARD)

2-FULL NAME Henry Markowske

(a) RESIDENCE NO. ..... Turners Station ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 10 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Russia

PARENTS

10 NAME OF FATHER Fred Markowski

11 BIRTHPLACE OF FATHER (city or town) Russia. (State or country)

12 MAIDEN NAME OF MOTHER Ellnis

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Rudolph JOHNS HOPKINS HOSPITAL (Address)

15 Filed ..... 19..... Registrar

21926 C. HAMPSON JONES, M.D. Per L.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1926 to Mar. 20th 1926, that I last saw h alive on Mar. 20th 1926, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Independent DATE OF BURIAL March 24 1926

20 UNDERTAKER John Grabiniskas ADDRESS 425 S. Paca St.

Spec.—1-10-21—M&T—1500 Blks.

E 08653 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08653
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3332 Gilman Terrace ST., 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) N.Y. City - Resident

2-FULL NAME Margaret Anna Faulkner

(a) RESIDENCE NO. 3332 Gilman Terrace ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? 62 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Faulkner

6 DATE OF BIRTH (month, day, and year): Oct-16-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Newport / Newport

PARENTS

10 NAME OF FATHER: John Thompson
11 BIRTHPLACE OF FATHER (city or town) (State or country): not known / Ireland
12 MAIDEN NAME OF MOTHER: Mary Shinthonie
13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown / Ireland

14 Informant: Mrs. Wm. H. Leslie - (Son in Law)
(Address) 3332 Gilman Terrace

15 Filed MAR 22 1926 19 C. HAMPSON JONES, M.D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to March 20, 1926, that I last saw her alive on March 20, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Pelvis
organ and Left limb

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Toxic condition
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home New York
Did an operation precede death? Yes Date of Oct 16-1925
Was there an autopsy? No.
What test confirmed diagnosis? Clinical

(Signed) John A Cairns, M. D.
, 19 (Address) 101 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown - Conn.
DATE OF BURIAL: Mar 23 1926

UNDERTAKER: Newbith Memorial Company
ADDRESS: 101 N Carey

Spec.—1-10-21 - M&T - 1500 Bks.

E 08654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08654

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Keyser ST. 8-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Heckener

(a) RESIDENCE NO. 2600 Keyser ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Heckener

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 43 | Months | Days | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butte

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Louis Heckener
(Address): 2600 Keyser St

15 2 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to March 20, 1926, that I last saw her alive on March 20, 1926, and that death occurred, on the date stated above, at 9.27 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy
Carcinoma of Uterus
(duration) yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus
(duration) 1 yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. G. W. Kennard M. D.

3-24, 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Hill — DATE OF BURIAL: March 23 19 C

20 UNDERTAKER: Frank Knabe Son — ADDRESS: 1906 Ward

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08655 E 08655

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 N. Charles ST., 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina I. Donnelly

(a) RESIDENCE NO. 3701 N. Charles ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Donnelly

6 DATE OF BIRTH (month, day, and year) Sept. 27, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James Landers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Caroline Gee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William J. Donnelly (Address) 3701 N. Charles St.

15 MAR 21 1926, 19 C. HAMPSON JONES, M. D. Registrar Per R.A.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 20 1926, that I last saw h alive on March 20, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

5 Days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

MAR 22, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/23 1926

19 UNDERTAKER Henry W. Mears & Son ADDRESS 605 N. Calvert

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08656 E 08656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Stockton St. 16-6 WARD)

REGISTERED NO. 161-82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Mason

(a) RESIDENCE No. 1131 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER George Mason

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Grace Wood

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Grace Wood

(Address) 1131 Stockton

3-21 1926 C. HAMPSON JONES, M. D. Registrar

Per RPM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 19 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-18-1926 to 3-19-1926, that I last saw h— alive on 3-18-1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Contracted Pelvis of mother, obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) M. H. Caughill, M. D.

3-21-1926 (Address) 611 N. Carrol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08657

E 08657

CERTIFICATE OF DEATH.

16-6 101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 16 Bond WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wilson

(a) RESIDENCE No. 1110 Little Wilson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant

(Address)

Filed , 19 Registrar

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/10, 1926, to 3/12, 1926, that I last saw him alive on 3/12, 1926, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia - Left Lung - Lobar Collapse

Acute Cardiac failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy.

(Signed) J. J. Mahr, M. D.

, 19 (Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES M.D.

UNIVERSITY OF MARYLAND

Commissioner Health

MAR 12 1926

E 08658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08658

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 Buchanan St. 15-8 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ott

(Residence in Baltimore: No. Unknown St.; yrs., mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	W.

6-DATE OF BIRTH, about ..... (Month) ..... (Day) 1854 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoes
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ...

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER .....

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) K. H. Ott

(Address) Unknown

15-

Filed ..... 191.....

..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Acute Bronchitis

..... Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Feb. 25 1926 (Address) 1802 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

MAR 26 1926

C. HAMILTON JONES, M.D.

Health Officer.

UNIVERSITY OF MARYLAND

0235 THE MORGUE

Spec.—1-10-21—M&T—1500 Bks.

E 08659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08659

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 52 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Twilla Smith

(a) RESIDENCE NO. 615 Gorge St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX S.

4 COLOR OR RACE Colored

5 Single, Married, ~~Widowed,~~ or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 12, 1925

7 AGE Years 10 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Lanier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 13 - 1926

17

I HEREBY CERTIFY, That I attended deceased from 3 - 12 - 1926 to 3 - 13 - 1926,

that I last saw her alive on 3 - 13 - 1926,

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. F. Sargent, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address)

15 Filed 2 1926, 19 R. K. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
MAR 24 1926
THE MORGUE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08660

101-001

E 08660

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3 N. Fulton Ave St. 19-1 Ward)

2-FULL NAME John Allan Greaves

(a) RESIDENCE NO. 3 N. Fulton Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct. 14-1893

7 AGE: Years 32 | Months 5 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electric Helper

(b) General nature of industry, business, or establishment in which employed (or employer): Lambdin Sheet Metal Corp.

(c) Name of employer

9 BIRTHPLACE (city or town): Queen Anne Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: John L. Greaves

11 BIRTHPLACE OF FATHER (city or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Godwin

13 BIRTHPLACE OF MOTHER (city or town): Maryland

(State or country)

14 Informant: Mrs. Nellie Greaves Blunt

(Address) Centreville Md.

15 Mar 24 1926 C. Hincson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 19 1926, to Mar 21, 1926, that I last saw h.. alive on Mar 21, 1926, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Hemi P. Pneum

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 1 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Arnold Reich M. D.

Mar 24 1926 (Address) 305 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Queenstown, Md. Date of Burial March 23 1926

20 UNDERTAKER: Forest H. Burgee ADDRESS 363 Halls Rd.

Spec.—1-10-21—M&T—1500 Bks.

E 08661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08661

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 S Broadway (ST.) 3rd (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Gorezewicz

(a) RESIDENCE NO. 208 S Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Gorezewicz

6 DATE OF BIRTH (month, day, and year): July 10 1862

7 AGE — Years: 63 — Months: 8 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Badzyagoshka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: John Gorezewicz (Address) 208 S Broadway

15 Filed 2 1926 C. HAMPSON JONES, M. D., Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 18 1926 to March 20 1926 that I last saw h[illegible] alive on March 20 1926 and that death occurred, on the date stated above, at 6 PM

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
+ myocarditis.
Chronic nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary): acute pulmonary edema

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Presumed

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Bengler M. D.

3/21, 1926 (Address) 290 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: March 22 1926

20 UNDERTAKER: Wendell Offel & Son — ADDRESS: 378 Mn

Spec.—1-12-23—M&T—500 Blks.

(Sparrows Point Md)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08662 — CERTIFICATE OF DEATH. — E 08662

+101-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 11-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert McClure

(a) RESIDENCE No. 777 Southside Spt. St., Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1 1897

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or ..... min.
25	10	19 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

BIRTHPLACE (city or town) (State or country) Chester S. C.

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Lula Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chester S.C.

Informant Bethlehem Steel Co

(Address) Sparrows Pt Md

Filed 2-1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1926, to Mar 20, 1926,

that I last saw h alive on Mar 20, 1926,

and that death occurred, on the date stated above, at 2.14 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Lesion (acute)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Berkley Butler, M. D.

, 19 (Address) 425 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chester S.C. Penn R.R. — DATE OF BURIAL Mar 22 1926

20 UNDERTAKER John A. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 08663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08663

CERTIFICATE OF DEATH.

+ 89

1 PLACE OF DEATH Woman's Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Browne.

(a) RESIDENCE NO. Westminster, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Bradley Brown

6 DATE OF BIRTH (month, day, and year) October 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Fellon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant - Hospital Records. (Address)

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22nd 1926

17

I HEREBY CERTIFY That I attended deceased from Mar. 17, 1926, to Mar. 22, 1926,

that I last saw her alive on Mar. 22, 1926,

and that death occurred, on the date stated above, at 9 7/5 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Arthur York, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sandy Mount, Westminster DATE OF BURIAL 3/25 1926

20 UNDERTAKER H Bankard & Son ADDRESS Westminster Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08664

CERTIFICATE OF DEATH.

E 08664

1925 30

REGISTERED NO. 101-028873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 E Fedral ST. 17-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E Tinsley

(a) RESIDENCE No. 406 E Fedral ST. WARD Detroit Mich.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Smith Dead

6 DATE OF BIRTH (month, day, and year): Aug 1895

7 AGE: Years 30 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Henry Tinsley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond

12 MAIDEN NAME OF MOTHER: Elizabeth Briggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: Mrs Elizabeth Tinsley

(Address) 406 E Fedral St

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21 1926

17. I HEREBY CERTIFY, That I attended deceased from 3/18 1926 to 3/21 1926

that I last saw him alive on 3/20 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Toxic Pneumonia

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burkhart, M. D.

(Address) 21 W DH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel DATE OF BURIAL: Mar 24 1926

20 UNDERTAKER: Clarence E Wright Co Inc ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 08665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08665

CERTIFICATE OF DEATH.

90

Lake Drive near Lake View

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Seville Apts. 3C ST., 13-b WARD)

2-FULL NAME Louis Birkenwald

(a) RESIDENCE NO. Seville Apts. 3C ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Essie Birkenwald

6 DATE OF BIRTH (month, day, and year): July 15, 1864

7 AGE: Years 61 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Traveling 066

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Solomon Birkenwald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hannah Rusbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr Rossuth Birkenwald Callow Ave

15 Received MAR 21 1926 C. HAMPSON JONES, M. D. Registrar Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1924. to March 20. 1926.

that I last saw h alive on March 20. 1926

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis a Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Stanton McAllister, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: 3/23/ 1926

20 UNDERTAKER: David Sondheim ADDRESS 1320 N. Pine Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 08666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08666

CERTIFICATE OF DEATH.

100-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Linden Ave. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina Weber

(a) RESIDENCE NO. 1112 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George F. Weber

6 DATE OF BIRTH (month, day, and year): July 1, 1848

7 AGE: Years 77 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Charles Feige

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katie Feige

(Address) 1112 Linden Ave

15 Filed MAR 21 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 17th, 1926, to Mch 20, 1926, that I last saw h[illegible] alive on Mch 20th, 1926, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gen'l Debility from a

Fracture Hip (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Laltant M. D.

Mar 21 1926 (Address) 711 N. Lamar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 23, 19 26

20 UNDERTAKER: Mr. & Mrs. John H. Teufel & Son — ADDRESS: 80 W. Fayette

Spec.—1-10-21 M&T—1500 Bks.

E 08667.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 08667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1017 S. Hanover ST. 73-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cristofaro Russo

(a) RESIDENCE No. 1017 S. Hanover ST., ... WARD .....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Italy

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4th 1924

7 AGE: Years 1. Months 7. Days 17. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Cristofaro Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Lombardi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Cristofaro Russo (Address) 1017 S. Hanover St.

15 2 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 20 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-15-, 1926, to 3-20, 1926, that I last saw h[illegible] alive on 3-20, 1926 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute lobar pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) S. Amarer, M. D.

3-22-1926 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL 3/23 1926

20 UNDERTAKER: Geo J Ruth

ADDRESS 1735 Harford ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08668

CERTIFICATE OF DEATH.

90 E 08668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 S. Fifth St. ST., 26-6 WARD)

2-FULL NAME Theresa Trompeter

(a) RESIDENCE NO. 635 S. Fifth St ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Trompeter

6 DATE OF BIRTH (month, day, and year) June 2-1841.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or min.
	84	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Cantow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Anna Weinbrecht (Daughter)

(Address) 635 S. 5th St

15 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 1926, to 3/20, 1926, that I last saw h[illegible] alive on 3/20, 1926, and that death occurred, on the date stated above, at 2 P. M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis ?,

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/22 1926 (Address) 630-5-8

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. Mich 23 1926 DATE OF BURIAL

20 UNDERTAKER Lilly & Zirk ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08669

CERTIFICATE OF DEATH.

E 08669

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 75-432 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roman Kraft

(a) RESIDENCE NO. 220 Patapsco St. - Westport. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 12, 1924

7 AGE Years 1 Months 6 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis B. Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Josephine Reel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant M. Louis B. Kraft (Address) 220 Patapsco St. Westport

15 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-16, 1926. to 3-21- 1926.

that I last saw h in alive on 3-21- 1926.

and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Meningitis.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 9 —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) N. E. Bryand, M. D.

3/21. 1926 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Mar. 23 1926

20 UNDERTAKER Nelson E. Stiles

ADDRESS 931 Ind Ave Westport

Spec.—1-10-21—M&T—1500 Bks.

Lavina ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08670

CERTIFICATE OF DEATH.

49 E 08670

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Richard A Kellam

(a) RESIDENCE NO. 46 Lavina Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A Kellam

6 DATE OF BIRTH (month, day, and year) Oct 12 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer) HW.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Wm Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant (Address) Husband 46 Lavina Road

15 2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22/26 19

17 I HEREBY CERTIFY, That I attended deceased from 3/19/26 19 to 3/22/26 19, that I last saw her alive on 3/22/26 19, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of larynx.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of 3/19/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem't

DATE OF BURIAL Mar 23 19 26

20 UNDERTAKER Pentz & Co

ADDRESS 1723 W Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08671

E 08671

CERTIFICATE OF DEATH.

74-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Presstman St ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ola W. Ford

(a) RESIDENCE NO. 2901 Presstman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Ford

6 DATE OF BIRTH (month, day, and year) August 4th, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	63	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crownsville Md.

PARENTS

10 NAME OF FATHER Edward A. Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River Md

12 MAIDEN NAME OF MOTHER Mary Bills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant James M. Ford

(Address) 2901 Presstman St

15 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st, 26.

17 I HEREBY CERTIFY, That I attended deceased from 3/20, 1926, to 3/21, 1926, that I last saw h[illegible] alive on 3/21, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

3/22, 1926 (Address) 1403 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stephens Church P. A. Co. Md	Mar 24, 1926

20 UNDERTAKER Bertram Fox ADDRESS 1723 N Gay-Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08672

CERTIFICATE OF DEATH.

29 E 08672

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 1700 Webster ST. 24-V WARD)

2-FULL NAME Eli Thatcher Marsh

(a) RESIDENCE. NO. 1700 Webster ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Marsh

6 DATE OF BIRTH (month, day, and year): Oct. 27th, 1853

7 AGE — Years: 72 — Months: 4 — Days: 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R.R. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer: B & O R.R.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William H. Marsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: Margaret Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Mrs. Elizabeth Marsh 1700 Webster St.

15 Filed 1926

16 Registrar: C. HAMPSON JONES, M. D.
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Mar 22, 1926

that I last saw h[illegible] alive on Mar 22, 1926

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs.

(Signed) Sidney H. Street M. D.

19[illegible] (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 3/24 1926

20 UNDERTAKER: E. J. Fanning — ADDRESS: 1446 Battery Ave

Spec.—1-10-21 M&T—1500 Blks.

E 08673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08673

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1403 Covington ST. 4-12 WARD)

2-FULL NAME Fredk. T. Schmidt.

(a) RESIDENCE NO. 1403 Covington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S., if of foreign birth? 44 yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Laura Schmidt.

6 DATE OF BIRTH (month, day, and year) Nov. 9. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night watchman.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Martha Schmidt

(Address) 1430 Lisbon St

15 Filed APR 2 1926 C. HAMPSON JONES, M. D. Registrar

For RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 21. 26

17 I HEREBY CERTIFY, That I attended deceased from 3.10.26, 19, to 3. 21. 26, 19,

that I last saw him alive on 3. 20. 26, 19,

and that death occurred, on the date stated above, at 9.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) Philip B. Lowe, M. D.

3-22-19 26 (Address) 1432 Williams St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Mar 23rd 1926

20 UNDERTAKER Leo G. Cook ADDRESS 1733 Patt Pk Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08674 E 08674

CERTIFICATE OF DEATH.

91-00

1-PLACE OF DEATH

CITY OF BALTIMORE: No 10 N. Wolfe St 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara J Foit

(a) RESIDENCE No. 10 N Wolfe ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of V. Bernard Foit

6 DATE OF BIRTH (month, day, and year) Oct 9-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	5	11	

8 OCCUPATION OF DECEASED 037

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Ochs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Maria A. Wilhelm
(Address) 10 N Wolfe st

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to March 20, 1926, that I last saw her alive on March 19, 1926, and that death occurred, on the date stated above, at 6:55 a m.

The CAUSE OF DEATH* was as follows:

Old Age E

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. W. Saunders, M. D.

3/21/26, 19 (Address) 321 E 25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	March 23 26

20 UNDERTAKER ADDRESS

John C. Miller 3019 E Monument

Spec.—1-10-21—M&T—1500 Blks.

E 08675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 W Preston ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Johnson

(a) RESIDENCE NO. 129 W Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: Col—

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John Johnson—

6 DATE OF BIRTH (month, day, and year): June 28 - 1873

7 AGE: Years 52 - Months 8 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer): Odolining and Ironing

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland—

PARENTS

10 NAME OF FATHER: Henry Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland—

12 MAIDEN NAME OF MOTHER: Caroline Prata.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Helen - Brown Daughter

(Address) 129 W Preston

15 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch. 12 — 1926, to Mch 19 — 1926

that I last saw her alive on Mch. 19 — 1926

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Infection

(duration) yrs. mos 7 ds.

CONTRIBUTORY, (Secondary) Gastric ulcer and Constipation (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical —

(Signed) Samuel A Bain, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lowell Md

DATE OF BURIAL: 3/23/26

20 UNDERTAKER: Samuel A Wood

ADDRESS: Melville

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08676 E 08676

CERTIFICATE OF DEATH.

X151

REGISTERED NO.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. ST., 97 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Michael O'shea -

(a) RESIDENCE NO. Woodstock Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 17 1870

7 AGE: Years 55 Months 10 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): County Cork Ireland.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Woodstock College Records

(Address): Woodstock Md

15 Filed: 3 23 1926 Registrar: R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1926, to 3/22, 1926, that I last saw him alive on 3/22, 1926, and that death occurred, on the date stated above, at 10.50 a m.

The CAUSE OF DEATH* was as follows:

Cystitis - Following Empyema & Ruptured Gall Bladder.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (a) Acetone Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 3/14/26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Observation

(Signed) Clement R. Monk, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodstock College Cem. DATE OF BURIAL: Mar 24 1926

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08677

65-001

CERTIFICATE OF DEATH.

E 08677

REGISTERED NO.

1-PLACE OF DEATH Md. Gen. Hosp. 9-5

CITY OF BALTIMORE: (No. ..... ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Crist

(a) RESIDENCE NO. 2030 Harford Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Mrs. C. F. Crist.

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Crist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Bregel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charley F. Crist. (Address) 2030 Harford Ave

15 Filed MAR 23 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 15, 1926, to Mch 21, 1926

that I last saw him alive on Mch 21, 1926,

and that death occurred, on the date stated above, at 12:55 a. m.

The CAUSE OF DEATH* was as follows:

Splenomyelogenous leukemia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Jno. A. Foyn M.D. M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Mar 25th 1926

20 UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08678

CERTIFICATE OF DEATH.

31 ✓

E 08678

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Admiralty Road St. 19-1 Ward)

2-FULL NAME Theodore Roosevelt Martin

(a) RESIDENCE NO. 2302 Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 7 - 1900

7 AGE: Years 25 Months 5 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur 123

(b) General nature of industry, business, or establishment in which employed (or employer): Delivery Truck

(c) Name of employer: Bernheimer-Leader

9 BIRTHPLACE (city or town): Balt City

(State or country): Md

PARENTS

10 NAME OF FATHER: Charles Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Carrie Wells

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Anne Arundel Co Md

14 Informant: Carrie Martin

(Address): 2302 Mount St.

15 FILED: 1926 HAMPSON JONES, M. D.

Registrar

23 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Hemorrhage

Consumption

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Consumption

(duration) .....yrs. .....mos. .....ds.

(Signed) Daniel L Pfister M. D.

(Coroner)

, 19 24 (Address) 3325 Pattapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: May 23, 1926

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS: 322 N Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

08679

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 E 08679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 W. Pratt ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. W. Cornelius

(a) RESIDENCE NO. 1516 W Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Cornelius

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Mary Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Thos E Cornelius

(Address) 1516 W Pratt St

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 14, 1926, to Mch 20, 1926, that I last saw him alive on Mch 19, 1926, and that death occurred, on the date stated above, at 1 hrs m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Gustav Dill M. D.

3/27, 1926 (Address) 150 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Mar 29 1926

20 UNDERTAKER: Thos J Fields — ADDRESS: 1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 08680

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08680

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Elliott ST., 1-3 WARD)

2-FULL NAME Charles / Lippa

(a) RESIDENCE No. 2702 Elliott ST., / WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1879 - June 26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Odd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wackaw Lippa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Dzwonar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mary Lippa 2702 Elliott St

15 Filed JUN 23 1926 For 19 — Registrar C. HARRY JONES, M. D. KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-20 1926 to 5-24 1926 that I last saw h[illegible] alive on 5-21 1926 and that death occurred, on the date stated above, at 4- a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Fred Lippa M. D.

1926 (Address) 2702 Elliott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer	May 26 1926
20 UNDERTAKER	ADDRESS
Stephen J Kialkowski	[illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08681

CERTIFICATE OF DEATH.

188-003

E 08681

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Protestant Hospital St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Shamberger

(a) RESIDENCE NO. 2504 N. Calvert St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha J. Smith

6 DATE OF BIRTH (month, day, and year): May 15. 1843

7 AGE: Years 82 Months 10 Days 6 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Shamberger

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Buckley

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: J. Grace Shamberger

(Address): 2504 N. Calvert St.

15 Filed ..... 19 ..... Registrar

MAR 23 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Fractured Skull due to Accident

Accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Messina M. D.

(Coroner)

(Address) 672 Roland Ave

March 23, 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial March 23 1926

20 UNDERTAKER: John O. Mitchell ADDRESS 220 W. Fayette St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08682

CERTIFICATE OF DEATH.

100-001

E 08682

1-PLACE OF DEATH West Balto Gen Hospital

REGISTERED NO. 15-7

CITY OF BALTIMORE: (No. Raynor ave & Dukeland ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph T. Bell.

(a) RESIDENCE NO. 2912 Westwood ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura V. Bell

6 DATE OF BIRTH (month, day, and year) June 2-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen't Sheet-iron

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Geo. Bell

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Clara C Lash

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Laura V. Bell

(Address) 2912 Westwood ave

15 Filed 3-24-1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1926, to Mar 22, 1926, that I last saw him alive on Mar 22, 1926, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. Farber, M. D.

3/22, 1926 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL March 25 1926

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 N. North ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08683

CERTIFICATE OF DEATH.

10 E 08683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 S. Hanover ST.: 22-2 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vendella Saunders

(a) RESIDENCE. NO. 702 S. Hanover ST. 22-2 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 15 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Factory Worker

(c) Name of employer Undergarments

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Josephine Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Delphine Saunders

(Address) 702 S. Hanover St.

Filed 3-24 19 C. HAMPSON JONES, M.D. Registrar

By KR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/21/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/14 1926 to 3/21 1926

that I last saw h alive on 3/24 1926

and that death occurred, on the date stated above, at 10.35 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D.

3/24/26 19 (Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Mar 27 1926
20 UNDERTAKER	ADDRESS
S. L. Brown & Son	1111 Montpelier

Wallis

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08684

CERTIFICATE OF DEATH.

74-001

E 08684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Winter ST. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestine Walker

(a) RESIDENCE. No. 101 Winter ST. 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Ella Wing

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Hattie Davis (Address) 101 Winter St. D.

15 Filed 3 1926, 19... JAMES H. BONES, M. D. Registrar. Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/26

17 I HEREBY CERTIFY, That I attended deceased from 3/18/26, 19..., to 3/20/26, 19..., that I last saw h alive on 3/19/26, 19..., and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonis Edema Pulmonis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopical

(Signed) [illegible], M. D.

19..., (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: March 23 1926

20 UNDERTAKER: S. L. Brown & Son — ADDRESS: [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08685

CERTIFICATE OF DEATH.

E 08685

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1125 n. Calhoun ST.) 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarnee Watkins

(Residence in Baltimore: No. 1125 n. Calhoun St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, Sept 9 (Month) (Day), 1924 (Year)

7-AGE	If LESS than 1 day,
1 yrs. 6 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Aron Watkins

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER, Lillian Evans

13-BIRTHPLACE OF MOTHER (State or Country), Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Evans

(Address) 1125 N. Calhoun St.

15-

Filed ....., 191.....

.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) J. J. Jamieson M. D.
(Coroner.)

3/22/26 191... (Address) 280 Edgewood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn cemetery	March 23 1926
20-UNDERTAKER Wm J. & J. H. Dennis per E. Kelson.	ADDRESS 1538 Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08686
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. E 08686

City of BALTIMORE: (No. 1734 S. Charles St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L. Bradley

(a) RESIDENCE NO. 1734 S. Charles St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 8-24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md.

PARENTS

10 NAME OF FATHER: Jas. L. Bradley

11 BIRTHPLACE OF FATHER (city or town): —
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Marie Ripley

13 BIRTHPLACE OF MOTHER (city or town): —
(State or country): Md.

14 Informant: Jas. L. Bradley
(Address) 1734 Charles

15 Filed 1926 (HERBERT JONES, M.D.) Registrar

23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Mar 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1926, to Mar 21, 1926, that I last saw h[illegible] alive on Mar 21, 1926, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Primary)
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Tuberculosis
(Secondary)
(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell, M. D.

Mar 23, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — Date of Burial: 3/23 1926

20 UNDERTAKER: J. F. McAuley — ADDRESS: 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08687

CERTIFICATE OF DEATH.

Hamilton - 129

E 08687

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Piedmont Road ST., 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. James

(a) RESIDENCE No. 123 Piedmont Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara C. James

6 DATE OF BIRTH (month, day, and year) Jan. 13th 1833

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

PARENTS

10 NAME OF FATHER Jacob James

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sarah Gilbert

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Bessie W. Tyson (Address) 11 Oakland Ave. Hamilton

15 Filed 2 3 1926, 19 HAMPSON JONES, M. D. Registrar by R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to March 22, 1926, that I last saw him alive on March 21, 1926, and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart. Loss in Compensation of Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Webster, M. D.

, 19 (Address) 703 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camp Chapel Cemetery — DATE OF BURIAL March 24-26

20 UNDERTAKER Fred Gosnell Sons — ADDRESS Fullerton

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08688

CERTIFICATE OF DEATH.

+129

E 08688

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto Gen'l Hospital ST. 21-1 WARD)

2-FULL NAME Anna Davis.

(a) RESIDENCE NO. North Point Rd. Sparrows Pt. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female.

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow. Ezra F Davis

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio.

PARENTS

10 NAME OF FATHER: William Cole.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio.

12 MAIDEN NAME OF MOTHER: Sarah Applegate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs O. L. Bayne

(Address): Berkley Norfolk Va R.F.D.

Filed: 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 13, 1926, to Mar 22, 1926.

that I last saw her alive on Mar 22, 1926,

and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis 0. 0.

Septicaemia. (duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) James E Nelson, M. D.

, 19 (Address) 1210 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va — DATE OF BURIAL: Mar 24 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 602 E Main

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

08689 E 08689

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2641 Wilkins Ave, St.) 20-6 (Ward)

2-FULL NAME ~~Mrs~~ Jerome Le Bon

(a) RESIDENCE NO. 469 Wilkins Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 15 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	67	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 014

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Chas. Le Bon

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto.

12 MAIDEN NAME OF MOTHER: Elizabeth Sunshine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto.

14 Informant: Friend

(Address): 207 Wilkins Ave

15 Filed ..... 19 ..... M. ..... D. ..... Registrar

MAR 23 1926 R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Mch. 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 19 15 to Mar 21, 19 26

that I last saw h Liv alive on Mar 21, 19 26,

and that death occurred, on the date stated above, at 5-57 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jerry Glassman, M. D.

Mar 19 26 (Address) 1687 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial Mch. 24 19 26

20 UNDERTAKER: Wm Cook ADDRESS 372 E. Lt.

Spec.—1-10-21—M&T—1500 Bks.

Pohle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08690

38 E 08690

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 17-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry S. Pohle

(a) RESIDENCE NO. 67 W Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, ~~Married, Widowed,~~ or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 19, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C J Benson & Son Baltimore Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Pohle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Herman E. Pohle

(Address) 1010 Stiles St

Filed 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-, 19 2-, to 3-2-, 19 2-,

that I last saw h- alive on 3-2-, 19 2-,

and that death occurred, on the date stated above, at 1:4 m.

The CAUSE OF DEATH* was as follows:

Syphilitic Encephalitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) H. S. Bryant M. D.

19, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 3/25 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nth

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08691

CERTIFICATE OF DEATH.

74-21 E 08691

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Powhatan ave ST.: 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. C Herbert Richardson D.D.

(a) RESIDENCE. NO. 3502 Powhatan ave ST.: — WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	20	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Minister of Gospel of M E Church

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Edward J Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda M Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sydney H Richardson

(Address) 3502 Powhatan Ave

15 Filed MAR 23 1926 C. HAMPSON JONES, M. D. Registrar Per LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14th, 1926, to March 20th, 1926, that I last saw him alive on March 20th, 1926, and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W Garrison Morris M. D.

3/22/26 (Address) 4411 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 23 1926
20 UNDERTAKER	ADDRESS 1632
D George J Smith	Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08692

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No.) 417 East 24 St., 12-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Owens Moore

(a) Residence No. 417 East 24 St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 14 1925

7-AGE. 1 yrs. 1 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore

(State or Country) Md

PARENTS

10-NAME OF FATHER, John Owens

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Emma Moore

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

4- (Informant) Louis S Moore

(Address) 417 E 24 St

5- Filed 1926 Registrar

MAR 23 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22 1926

17- I HEREBY CERTIFY, That I attended deceased from March 14, 1926 to March 22 1926

that I last saw him alive on March 22, 1926

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Gabriel Edmunds M D

March 22, 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakleigh Cem	3/23/26 1926
20-UNDERTAKER,	ADDRESS
Byron Wright	1213 McCulloh

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08693

CERTIFICATE OF DEATH.

101-002

E 08693

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 E. Fayette St. ST., 18-2 WARD)

2-FULL NAME Henry Kramer

(a) RESIDENCE NO. 1232 E. Fayette St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Catherine K.nee(Koch)

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1833

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 850

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dietrich Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Heine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Herman Grunewald
(Address) 1232 E Fayette St.

15 Filed JAN 23 1926 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1926, to Jan 21st, 1926, that I last saw him alive on Jan 21st, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Senile Pneumonia

(duration) yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) G. F. Ellis, M. D.

Mar. 23, 1926 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Mar. 19[illegible]

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 1531 W. Lond[illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08694

CERTIFICATE OF DEATH.

129 E 08694

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1722 E. Chase St. 6-3 Ward)

2-FULL NAME Mary J. Hubner

(a) RESIDENCE NO. 2718 E. Fairmont Av. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 5/48

7 AGE — Years: 77 Months: 3 Days: 16 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): City

10 NAME OF FATHER: John Hubner

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Barbara H.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

PARENTS

14 Informant: Sophia Latham

(Address): 2718 E. Fairmont

Filed: 2 3 1926

C. HANSON JONES, M. D. Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21/26

17

I HEREBY CERTIFY, That I attended deceased from 3/10 19 26, to 3/21 19 26,

that I last saw h[illegible] alive on 3/21 19 26,

and that death occurred, on the date stated above, at 7:30 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yr. — mos. — ds.

CONTRIBUTORY (Secondary): Myocardial Degeneration

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Nuller, M. D.

, 19 (Address) 1500 N Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. Date of Burial: 3/23 19 26

20 UNDERTAKER: Philip Herzig ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08695

CERTIFICATE OF DEATH.

129 E 08695

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2701 Frederick Ave. ST. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H.Miller

(a) RESIDENCE NO. 2701 Frederick Ave. ST., WARD

(Usual place of abode) Life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elenora Miller

6 DATE OF BIRTH (month, day, and year): Feb 21 1853

7 AGE: Years 73 Months I Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Hartman A.Miller

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Ogle

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Franklin H.Miller

(Address): 2701 Frederick Ave.

15 Filed 3 1926, 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17 I HEREBY CERTIFY, *That I attended deceased from Sept 1, 1924, to March 21, 1926, that I last saw him alive on March 21, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Medical Treatment

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No (Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) W. A. Friedl, M. D.

3/24, 1926 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March 24/26

20 UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08696

CERTIFICATE OF DEATH.

101-001

E 08696

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital WARD)

2-FULL NAME Rev. D. Benton Winstead

(a) RESIDENCE No. 4635 Pimlico Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Belle C. Winstead

6 DATE OF BIRTH (month, day, and year): Nov. 11th 1847

7 AGE: Years 83 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

018

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs. Belle C. Winstead

(Address) 4635 Pimlico Road

Filed MAR 23 1926 19

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21st, 1926, to March 22nd, 1926.

that I last saw him alive on March 22nd, 1926,

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Acute Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 4635 Pimlico Road

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Evert C. Reitzel, M. D.

Mar 19 26 (Address) 2227 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Mar 25 1926

UNDERTAKER: Jos Block

ADDRESS: 1003 W Balto

Spec.—1-19-21—M&T—1500 Bks.

1900 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-001

E 08697

CERTIFICATE OF DEATH.

E 08697

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ..... ST., 1-7 (WARD)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 1033 N Wolfe ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va —
(State or country)

PARENTS

10 NAME OF FATHER Joe Williams

11 BIRTHPLACE OF FATHER (city or town) Va —
(State or country)

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) unk
(State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed 2 3 1926, 19 JAMES R. JONES, JR. M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 21st 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 17 1926 to Mar. 21st 1926, that I last saw h alive on Mar. 21st 1926, and that death occurred, on the date stated above, at 2 05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphoid Leukemia.

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Section of lymph nodes

(Signed) Louis C. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mahony Cemetery	Mar. 24 1926
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1722 Parkwood Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 08698

CERTIFICATE OF DEATH.

E 08698

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1527 E. Monument St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Stevens

(a) RESIDENCE NO. 1527 E. Monument St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Stevens

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Barbara Stevens

(Address) 1527 E. Monument St

15 Filed 3/23/26 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pleurisy-Pneumonia (probably lobar

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Weiss, M. D.

(Coroner)

3/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — Date of Burial Mar 25 26

20 UNDERTAKER Mrs R.G. Ellett — ADDRESS 1725 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08699

CERTIFICATE OF DEATH.

E 08699

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~1234 Eshland Ave~~ St. 10-2 Ward)

2-FULL NAME Thomas Smith

(a) RESIDENCE NO. 1234 Ashland Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 10/24

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Leonard Tadd

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Rosa Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Rosa Smith

(Address) 1234 Ashland Ave E.

15 Filed ..... 19 .....

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/21/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia (Primary

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Watts M. D.

(Coroner)

3/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State. ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Mar 23 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1235 Ashland

MAR 23 1926 C. HARRY JONES REGISTRAR

Spec. 1921—M&T—1500 Bks.

1926 E 08700 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08700

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 5-2 ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Corposal

(a) RESIDENCE NO. 635 Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female col

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1878

7 AGE Years 48 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 041

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Al. Corposal

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ada Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Records (Address) JOHNS HOPKINS HOSPITAL

Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 13th 1926 to Mar 20 1926

that I last saw h[illegible] alive on Mar 20 1926

and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis with hypertension. Death in uremia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Louis E. Martin M. D.

.19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemetery — DATE OF BURIAL Mar 23 1926

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 725 Linden Ave

[illegible] HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08701

E 08701

CERTIFICATE OF DEATH.

11-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Ellsworth ST., 8 WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Watkins

(a) RESIDENCE NO. 2036 Ellsworth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 1

6 DATE OF BIRTH (month, day, and year): 7/11.6" 1925

7 AGE: Years 1 Months 4 Days 28 (16) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Geo. J. Watkins Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Edna Dacanay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Geo J. Watkins Jr

(Address): 2036 Ellsworth St

Filed 2 3 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 22 1926

17

I HEREBY CERTIFY, That I attended deceased from 3-17, 19 26 to 3-22 19 26.

that I last saw h alive on 3-21, 19 26

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

(Address) 800 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Mar 23 19 26

20 UNDERTAKER: Geo M. Friedman

ADDRESS: 811 N Wolfe

Stec—12-23-21—E.B.R.S.—400 Bks.

E 08702

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

E 08702
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2440 Oak St., 12-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Brown

(a) Residence No. 2440 Oak St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fe

4-COLOR OR RACE, C L

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Brown

6-DATE OF BIRTH (month, day and year) Sept 12 - 1879

7-AGE. 46

47 yrs. 6 mos. 7 ds.

If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 041

(b) General nature of Industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Worcester Co Md

PARENTS

10-NAME OF FATHER, Peter Inwood

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ann Jane Collins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Eleanor Bernard

(Address) 2440 Oak St.

FILED MAR 23 1926 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22 1926

17- I HEREBY CERTIFY, That I attended deceased from March 15 - 1926 to March 21 1926

that I last saw her alive on March 21 1926

and that death occurred, on the date stated above, at 5.15 - m.

The CAUSE OF DEATH* was as follows:

Asphyxia -

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? By Physician

(Signed) B. G. Cundell M. D.

(Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Worcester Co Md	3-24 1926
20-UNDERTAKER.	ADDRESS
George T. A. Gibson	1235 Druid Hill Ave

Cor.—1-12-23—M&T—100 Bks.

E 08703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34 E 08703

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 350-Whitridge-Av. ST., 12-4 WARD)

2-FULL NAME Albert Franklin Lober

(a) RESIDENCE NO. 35P-Whitridge-Av. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? 25 yrs. 5 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) October-3-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Adjuster for
(b) General nature of industry, business, or establishment in which employed (or employer) the U.S.F.-G.Co.
(c) Name of employer U.S.F.-G.Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Lober

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie Werlein

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mr. Wm. A. Lober, (brother)
(Address) 350-Whitridge-Av., Balto, Md.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to her death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows: Tuberculosis of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) ..... M. D.
(Coroner.)

March 22, 192 6 (Address) 3632 Keswick Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Mar-24-192

20 UNDERTAKER STEWART & HOWEN COMPANY
(WILLIAM F. WOODELL, Successor)

ADDRESS 103 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 08704 **E 08704**

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 5901 Bellona Ave ST. 27-1 WARD)

2-FULL NAME John Stewart Ogier

(a) RESIDENCE NO. 5901 Bellona Ave ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 94 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? 94 yrs. 2 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elizabeth Ogier

6 DATE OF BIRTH (month, day, and year): Jan 8 1832

7 AGE — Years: 94 — Months: 2 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

10 NAME OF FATHER: John Ogier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Isle of Caumy France

12 MAIDEN NAME OF MOTHER: Elizabeth Hargest

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Maryland.

14 Informant (Address): Miss Ardia T. Ogier 5901 Bellona Ave.

Filed MAR 23 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20th, 1922, to March 20th, 1926, that I last saw him alive on March 7th, 1926, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis following acute coryza with bronchitis.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Old age (94)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Dr. W. Dabney, M. D.

March, 1926 (Address) Reisterstown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: March 24 1926

20 UNDERTAKER: Stewart Mortuary Company — ADDRESS: Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 08705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 08705

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W. Lafayette Ave. ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Wellmore

(a) RESIDENCE NO. 117 W. Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Harwood Wellmore

6 DATE OF BIRTH (month, day, and year) May 18, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

PARENTS

10 NAME OF FATHER Thomas Maher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Lyddane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Maryland.

14 Informant Miss Grace I. Wellmore

(Address) 117 W. Lafayette Avenue

15 Filed 3 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 20 1926, that I last saw her alive on March 20, 1926, and that death occurred, on the date stated above, at 11 35 p.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin K. Bullard, M. D.

3/22 1926 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 3/24 1926

20 UNDERTAKER: Henry W Mears & Son

ADDRESS: 1017 Calvert

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 08706

CERTIFICATE OF DEATH.

E 08706

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2600 Loyola Southway 15-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Kirson

(a) RESIDENCE NO. 2600 Loyola Southway Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Levy Kirson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Elvis Asredson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

15 Filed 2 3 1926 19 C. Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to March 22, 1926, that I last saw h[illegible] alive on March 22, 1926, and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) General atherosclerosis

(duration) ....yrs. ? mos. ? ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) A. G. Bernstein, M. D.

3/23, 1926 (Address) 733 Linwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holrun Southern 3/25 19 26

20 UNDERTAKER — ADDRESS

Jack Lewis 1439 Eutaw St

Cor.—1-12-23—M&T—100 Blks.

E 08707 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08707

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4424 Pimlico Road ST. 15-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Rosenfeld

(a) RESIDENCE NO. 4424 Pimlico Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rosenfeld

DATE OF BIRTH (month, day, and year) — 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Sarah Rosenfeld (wife)
(Address) 4424 Pimlico Road

Filed 192 G. HAMPSON JONES, M. D.
Registrar
23 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to ... death on the day stated above. (autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Jaundice Disease
3 Years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

(Signed) Guy Mossberg, M. D. (Coroner.)

Mar 23, 192 6 (Address) 1512 Rolleston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. New Hebrew Rest	March 23 192 6

20 UNDERTAKER Jack Levin ADDRESS 1139 E. Baltimore

Spec.—1-10-21 M&T 1500 Blks.

E 08708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08708

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Stein

(a) RESIDENCE NO. 2326 E. Biddle St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. 13 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Stein

6 DATE OF BIRTH (month, day, and year) April 26. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46 yrs.	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER August Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Browning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

Informant Hospital Record

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22 26 19

17

I HEREBY CERTIFY, That I attended deceased from 3-21-26, 19, to 3-22 26, 19,

that I last saw h w alive on 3 22 26, 19,

and that death occurred, on the date stated above, at 1 20 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

Myocardial failure

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Rapid pulmonary Carcinosis

(Signed) P. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Mch 25 1926

20 UNDERTAKER Zirkle + Zirkle

ADDRESS 1739 E. Eager St.

1926 .G. HAMPSON JONES, M. D. Registrar

Per

Spec.—1-10-21—M&T—1500 Bks.

Carmelitta A Fannon ✓

E 08709 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 08709

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1104 Forest St.

CITY OF BALTIMORE: (No. Baltimore Md. ST., 10th WARD)

2-FULL NAME Carmelitta A. Fannon.

(a) RESIDENCE NO. 1104 Forest St ST., 10th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6th 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Public Schools

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Wm S. Fannon.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Frances Jr O'Lear.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Wm S. Fannon. (Address) 1104 Forest St.

15 Filed 2 3 1926 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/21/26 19

17 I HEREBY CERTIFY, That I attended deceased from Octobr 19.25. to March 1926.

that I last saw her alive on March 21st 1926

and that death occurred, on the date stated above, at 10:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

Arterio Sclerosis.

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Uremic Coma.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinary findings

(Signed) John J. Compandean M. D.

, 19 (Address) 462 Cathedral Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 25 1926

20 UNDERTAKER J. C. Medairy & Son — ADDRESS 914 Drum Pt.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08710

CERTIFICATE OF DEATH.

14

E 08710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Harford Ave 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A. Downes

(a) RESIDENCE. No. 1313 Hillman ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced (write which) married

6a If married, widowed, or divorced (or) WIFE of John Peter Downes

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Sammon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Wm Sorrenson MD 2681 N Calvert St

Filed . 19 C. HAMPSON JONES, M. D. Registrar

MAR 23 1926 By BRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1926 to March 21, 1926

that I last saw her alive on March 21, 1926

and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Ac. dilat. heart

2 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia over

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Wm Sorrenson M. D.

, 19 (Address) 2681 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Mar 24. 1926
20 UNDERTAKER	ADDRESS
J. C. Wendefield	914 Drummond Ave

Spec.—1-10-21 M&T—1500 Blks.

Tierney

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08711

CERTIFICATE OF DEATH.

90

E 08711

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. 10-2 WARD)

2-FULL NAME Mrs Tierney.

(a) RESIDENCE NO. Preston & Tierney ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

10 NAME OF FATHER Bryant Tierney

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant [illegible] Florence

(Address) Eastern Ave

MAR 23 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1926

17

I HEREBY CERTIFY, That I attended deceased from No Record, 19 , to , 19 ,

that I last saw h alive on March 21, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Mch 23, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 24 1926

20 UNDERTAKER J. C. Medefield — ADDRESS 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

19 30 E 08712 — 139 E 08712 a-2

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-1 ST.) WARD)

2-FULL NAME Irene Harris

(a) RESIDENCE No. 1011 South Howard St, ST. Baltimore WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
52	—			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER James Hall

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Sally Holden

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant Records-
(Address) JOHNS HOPKINS HOSPITAL

Filed 3 1926 . 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 16 . 1926 . to Mar. 20 . 1926 .

that I last saw her alive on March 20 . 1926 .

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Myomata uteri

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary hemorrhage

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Mar. 20, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) R Glenn Craig M. D.

19 (Address) Johns Hopkins Hospital Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 3-24-1926

20 UNDERTAKER John H. Frahm

ADDRESS 1027 Wood Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08713

CERTIFICATE OF DEATH.

31 E 08713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1477 Battery Ave ST., 74-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J. Fleming

(a) RESIDENCE NO. 1477 Battery Ave ST., 74 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — — 1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Ice Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Martin Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs. Mary Downey

(Address) 1477 Battery Ave

Filed 3-19-26 C. 19 HAMPTON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1926.

I HEREBY CERTIFY That I attended deceased from Feb 10, 1926, to March 21st 1926.

that I last saw him alive on March 20th, 26.

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs — mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) John A. Schneeweis M. D.

(Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 3/24 1926

20 UNDERTAKER Jos. F. Schneeweis

ADDRESS 1218 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08714

CERTIFICATE OF DEATH.

90 E 08714

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1832 Laurens St. 15-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phoebe Hobbs Forbes

(a) RESIDENCE NO. 1832 Laurens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Forbes

6 DATE OF BIRTH (month, day, and year): 1838

7 AGE: Years 87 | Months — | Days — | IF LESS than 1 day..... hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER: James Griffin

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town): Don't Know

(State or country)

14 Informant: Mattie Holland

(Address) 1832 Laurens St.

15 Filed 3-1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Mar 21-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11th 1926, to Mar 21, 1926

that I last saw her alive on Mar 21, 1926

and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Dilatation of Heart

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Leuk, M. D.

Mar 22nd 1926 (Address) 1834 Mt. Royal Terrace

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial 3/29 1926

20 UNDERTAKER: Jane Easton

ADDRESS 916 Read

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08715 E 08715

CERTIFICATE OF DEATH.

11-007

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1207 Brevard St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel C. Gulliver

(a) Residence No. 1207 Brevard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Martha Gulliver

6-DATE OF BIRTH (month, day and year) Mar 15, 1844

7-AGE 82 yrs. — mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New York

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) Mary Gulliver

(Address) 1207 Brevard St

15-

Filed 3 1926 19

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 22 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar 8, 1926 to Mar 22, 1926

that I last saw him alive on Mar 21, 1926

and that death occurred, on the date stated above, at 6.30 m

The CAUSE OF DEATH* was as follows:

Grippe

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Aortic insufficiency

(Duration) — yrs. — mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Gulliver M. D

19 (Address) 817 Hamilton Texas.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cem

DATE OF BURIAL. 3/25 1926

20-UNDERTAKER Frank Foster

ADDRESS 916 Penn Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08716

E 08716 CERTIFICATE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1202 E. Madison St St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Gasgeway

(a) RESIDENCE NO. 1202 E.Madison St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Gaseway

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mixer

(b) General nature of industry, business, or establishment in which employed (or employer) Phosphate Fertilizer

(c) Name of employer (Ober)

9 BIRTHPLACE (city or town)

(State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Thos Gaseway

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.Co. Md

12 MAIDEN NAME OF MOTHER Ella Wright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.Co.Md

14 Informant Ella Gaseway

(Address) 1202 E. Madison St

15 31826 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Mar 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cohen M. D.

(Coroner)

3/22/26 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Samuel Cemetery Date of Burial 3/24/26

20 UNDERTAKER Robert Hillian ADDRESS 1515 McElderry St

Spec.—1-10-21—M&T—1500 Blks.

E 08717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST., 12-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ella Havard

(a) RESIDENCE NO. 2713 Bernard — ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan-11-1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2-	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City (State or country)

10 NAME OF FATHER Benjamine Havard

11 BIRTHPLACE OF FATHER (city or town) City (State or country)

12 MAIDEN NAME OF MOTHER Ella Millstead

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Ella Havard — (Address) 2713 Bernard —

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 23, 1926,

that I last saw her alive on March 23, 1926,

and that death occurred, on the date stated above, at 8 50 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

3/23 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edgewood Balto Co — DATE OF BURIAL: Mar 24 1926

20 UNDERTAKER: H. A. Fuchtmeyer & Son — ADDRESS: North Ave.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08718 E 08718

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: No 826 N. 37th, ST. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis C. Yingling.

(a) RESIDENCE NO. 826 N. 37th St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Estella Yingling.

6 DATE OF BIRTH (month, day, and year) Aug. 26th, 1859.

7 AGE: Years 66 Months 7 Days 7

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co., (State or country) Maryland.

10 NAME OF FATHER Wesley Yingling.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Nancy Irvin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

PARENTS

Informant (Address) Mrs. Estella Yingling, 826 N. 37th St. City.

Filed 3-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RRC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 22nd, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 5th, 1926, to March 22nd, 1926, that I last saw h[illegible] alive on March 22nd, 1926, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Lagrippe (with Complications of Bronchitis)

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Cancer Mouth. Chronic Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) B. H. Lillich, M. D.

3/23, 19 26 (Address) 1917 Mich Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Co., Md. Meadow Branch Cemetery.

DATE OF BURIAL: March 25/1926.

20 UNDERTAKER: C. M. Watts.

ADDRESS: Winfield, Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08719

CERTIFICATE OF DEATH.

179 E 08719

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1723 N. Montford Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J. Loftus

(a) RESIDENCE NO. 1723 N. Montford ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced, HUSBAND of Sarah Loftus

6 DATE OF BIRTH (month, day, and year) Dec 5 1868

7 AGE Years 57 Months 2 Days 26 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Martin Loftus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Muldowney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

PARENTS

Informant Sarah Loftus

(Address) 1723 N Montford ave

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1926

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 21, 1926, that I last saw him alive on March 21, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Cassagno M. D.

3.23. 1926 (Address) 5-14 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 3/29 1926

20 UNDERTAKER J. A. Moran

ADDRESS 300 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 08720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 08720

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 23-2 ST. WARD)

2-FULL NAME Mrs. Helen Harrison

(a) RESIDENCE No. 11 E. Randall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robt A Harrison

6 DATE OF BIRTH (month, day, and year): May 28. 1884

7 AGE: Years 41 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Schapansky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ipna Miss Herr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Robt A Harrison

(Address): 11 E Randall St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1926, to 3/31, 1926,

that I last saw h alive on 3/31, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Facts

(Signed) Louis Antupit, M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 3-24 1926

20 UNDERTAKER: E & B Harle — ADDRESS: 115 E Mount St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08721

HEALTH DEPARTMENT—CITY OF BALTIMORE

90E 08721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 S. Paca St. 21-3 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Fischer

(a) RESIDENCE. No. 1010 S. Paca St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Widow~~

6 DATE OF BIRTH (month, day, and year): April 19 1839

7 AGE: Years 87; Months 11; Days 3; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

10 NAME OF FATHER: Fredrick Lonau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Miss Emma Fischer 1010 S Paca St

15 Filed MAR 23 1926, 19 . Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to March 21, 1926, that I last saw her alive on March 20, 1926 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. E. Macht, M. D.

, 19 (Address) 1303 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: London Park — DATE OF BURIAL: 3-25 26

20 UNDERTAKER: Thomas J. Flynn & Sons — ADDRESS: 1020 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08722

CERTIFICATE OF DEATH.

57

E 08722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sarah Wise

(a) RESIDENCE NO. Church Home & Infirmary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 82	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant Hospital Record

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1926

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1925 to March 21, 1926.

that I last saw her alive on March 21, 1926.

and that death occurred, on the date stated above, at 10,30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) George B Breed, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: 3/24 1926

20 UNDERTAKER: Henry W. Myers — ADDRESS: Douglas H. Calvert

1926 C. HAMPSON JONES, M. D. Registrar

Par

Spec.—1-10-21 M&T 1500 Blks.

E 08723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08723

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Edmondson Ave ST. 18-1 WARD)

2-FULL NAME Richard H Poole

(a) RESIDENCE No. 921 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 20 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfg Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna Doyle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

Informant Courtney Poole
(Address) 921 Edmondson Ave

1926 C. HAMPTON JONES, M. D. Registrar

Ent. RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1924, to March 22, 1926, that I last saw him alive on March 21, 1926, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy -

(duration) 1 yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No -

What test confirmed diagnosis? Hellin -

(Signed) Robertson Whitehurst M. D.

3/23, 1926 (Address) 711 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	March 24 26
20 UNDERTAKER	ADDRESS 517
H. C. Brenning & Son	N Schroeder

Spec.—1-10-21—M&T—1500 Bks.

E 08724

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08724

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Augusta Ave ST. 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Tracey

(a) RESIDENCE No. 106 Augusta ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: HUSBAND of Andrew Tracey

6 DATE OF BIRTH (month, day, and year): Sept 2. 1841

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna.

10 NAME OF FATHER: John Raymond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

Informant: Geo. B. Moore

(Address) 106 augusta ave

1926 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926, to March 22, 1926, that I last saw her alive on March 22, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 hr ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Schilling, M. D.

3-22 1926 (Address) 1120 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Mch 24 1926

DATE OF BURIAL

20 UNDERTAKER: John O. Mitchell

ADDRESS 1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Blks.

189878 E 08725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Ped

153 E 08725

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 7-2 WARD)

2-FULL NAME Walter Nowak

(a) RESIDENCE NO. 717 S-Bond ST. St- WARD Balto-

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 26 1926

7 AGE: Years — Months — Days 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md-

10 NAME OF FATHER Michael Nowak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md-

12 MAIDEN NAME OF MOTHER Francis Lomarske

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md-

PARENTS

14 Informant (Address) Johns Hopkins Hospital Records

1926 C. HAMPSON JONES, M. D. Registrar

Per ORH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to March 22, 1926, that I last saw him alive on March 22, 1926, and that death occurred, on the date stated above, at 10 30 P.m.

The CAUSE OF DEATH* was as follows:

Abscesses, subcutaneous (Staphylococcus aureus)

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: 24 March 26

20 UNDERTAKER: John M Weber

ADDRESS 1803 Bank

Spec.—1-12-23—M&T—500 Blks.

E 08726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08726

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 Mount St., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Serena Matthews

(a) RESIDENCE NO. 940 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sam'l Matthews

DATE OF BIRTH (month, day, and year): Feby 28 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	16		23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Maryland city unknown

10 NAME OF FATHER: Joseph Higgs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ella Yeadon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Sam'l Matthews

(Address) 940 Madison

Filed 3 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/23 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/21/26, 19, to 3/23, 1926,

that I last saw h[illegible] alive on 3/23, 1926,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

(a) Suppurative Peritonitis

(b) Appendicitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/21/26

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J. J. Nolan, M. D.

3/23/26 (Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md

DATE OF BURIAL: 3/24 1926

20 UNDERTAKER: Samuel J. Hemsley

ADDRESS 1218 Bill

Spec.—1-10-21—M&T—1500 Bks.

E 08727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08727

CERTIFICATE OF DEATH. + 117

1-PLACE OF DEATH Franklin Sq Hospital 19-1 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD

2-FULL NAME Effie Huffman

(a) RESIDENCE NO. Riverton W. Virginia ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellis Huffman

6 DATE OF BIRTH (month, day, and year): Feb 25 1880

7 AGE: Years 45 Months Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Va

PARENTS

10 NAME OF FATHER: J. J. Bland

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Va

12 MAIDEN NAME OF MOTHER: Lucinda Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Va

14 Informant: Verda Stinkle

(Address): West Va

15 Filed 1926 C. HAMPSON JONES, M.D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/25, 1926, to 3/22, 1926, that I last saw h alive on 3/22, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Operation Feb 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hoskins Lutz M. D.

(Address) Feb 23. 1926 Franklin Sq Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Peters Burg West Va

DATE OF BURIAL: 3-24 1926

20 UNDERTAKER: Robt Brooks & Son

ADDRESS: Calhoun Hotline

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08728

CERTIFICATE OF DEATH.

10 1 001 E 08728

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 W. Saratoga ST. 18-1 WARD)

2-FULL NAME Mary Isabelle Queen Harris

(a) RESIDENCE NO. 1046 W. Saratoga ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Harris

6 DATE OF BIRTH (month, day, and year): Aug. 11, 1903

7 AGE — Years: 22 — Months: 7 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Arthur Queen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgetown Md

12 MAIDEN NAME OF MOTHER: Agnes Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Agnes Queen

(Address): 1046 W Saratoga St

Filed 3 24 1926 C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 21, 1926

that I last saw her alive on March 21, 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W J Hazlett M. D.

(Address) 1911 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/24/26

20 UNDERTAKER: James Easter — ADDRESS: 916 Park

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08729

CERTIFICATE OF DEATH.

66 E 08729

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Patapsco St. ST. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Walter L. Bruchey.

(a) RESIDENCE NO 1515 Patapsco St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divirced.

If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Bruchey.

6 DATE OF BIRTH (month, day, and year) September 6, 1893.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph operator.

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Charles F. Bruchey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Laura Zimmerman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Charles C. Bruchey. (brother)

Address) 112 Rosalind Ave.

Filed 4 1926 192 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22° 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

March 22, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL 3/24/1926

20 UNDERTAKER Geo. Weber, Son ADDRESS 2503 Edmondson Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08730

CERTIFICATE OF DEATH.

101 001

E 08730

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 18-2 WARD)

2-FULL NAME Maggie Monroe

(a) RESIDENCE NO. 127 N Schroeder ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (Husband of) or WIFE of: Frank Monroe

DATE OF BIRTH (month, day, and year): July 10. 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Middlesex Co Va.

10 NAME OF FATHER: Thomas Gwinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Middlesex Co Va

12 MAIDEN NAME OF MOTHER: Margaret Holmes

13 BIRTHPLACE OF MOTHER (State or country): Middlesex Co Va

Informant: Annie Goss

(Address) 127 N Schroeder St

FILED 2 4 1926 19 H. M. JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to March 21, 1926

that I last saw her alive on March 21, 1926

and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Gruber.

(Signed) W J Howell, M. D.

3/24/1926 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lizon Cem

DATE OF BURIAL: 3/27 1926

20 UNDERTAKER: Jas. W. Skinner

ADDRESS: 1052 E. Madison

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08731

CERTIFICATE OF DEATH.

90 E 08731
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1706 E Biddle ST. 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helen Wilkins

(a) RESIDENCE No. 1706 E Biddle St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? 75 yrs. 2 mos. 21 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward H Wilkins

6 DATE OF BIRTH (month, day, and year): 11 1851

7 AGE: Years 75 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt.

10 NAME OF FATHER: Samuel Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Sarah E Brantley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt.

Informant (Address): Robert Wilkins 1706 E Biddle St

Filed 4 1926

C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to March 21, 1926.

that I last saw h[illegible] alive on March 20, 1926.

and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1926 (Address) 1101 Fleming Ave Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: March 24 1926

20 UNDERTAKER: Geo J. Kuck ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

08732

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. 19-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Kemp

(a) RESIDENCE NO. 312 S Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1837

7 AGE: Years 75 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher 0/3

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Samuel Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sue Ann Vansant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Baltimore City Hospitals Records

(Address)

Filed 2-4 1926 19.. HARPER JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926, to March 21, 1926, that I last saw her alive on March 21, 1926, and that death occurred, on the date stated above, at 9:30P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

3/22/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet - Lam

DATE OF BURIAL: Mar. 25 - 1926

20 UNDERTAKER: Edw. F. Cowan & Son

ADDRESS: 90 Holliday

Edw. F. Cowan

Spec.—1-10-21—M&T—1500 Bks.

Dr Bishop, York Rd - Sheridan Ave

E 08733 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08733

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 Harwood Ave (ST.) 7-1 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A Keynoth

(a) RESIDENCE NO. 502 Harwood Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17, 1859

7 AGE: Years 67 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Thomas Keynoth

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Christianna Hepperla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Mrs Lulie Shipley 6226 Rosyln Ave

APR 24 1926

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1926 to March 21, 1926, that I last saw him alive on March 21, 1926, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis · High Blood Pressure
Chr. Int. Nephritis - Chr Myocarditis

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 hr ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) E. W Bishop, M. D.

3-29-1926 (Address) 501 Sheridan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: March 25 1926

UNDERTAKER: W. H. Cook — ADDRESS: 1928 York Ave

Spec'—1-10-21—M&T—1500 Bks.

E 08734

E 08734 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 1294

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 751 E. 30th St., G-3 WARD) 34

2-FULL NAME Mary E. Green

(a) RESIDENCE NO. 751 E 30th St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H. Green

6 DATE OF BIRTH (month, day, and year): Apr 7-1849

7 AGE: Years 76; Months 11; Days 15; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo W Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Harrod

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Ida Engell

(Address) 751 E 30th St

15 Filed , 19 C. HAMPTON JONES, M. D. Registrar

MAR 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) March (day) 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21st, 1926, to March 22nd 1926, that I last saw h- alive on March 21st 1926 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Pfeiffer M.D. M. D.

(Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Mar 24 1926

20 UNDERTAKER: Lowe Cook — ADDRESS: 501 E North

Cor.—12-9-25—A Co.—200 Bks.

E 08735

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-09

E 08735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Green

(a) RESIDENCE NO. 1512 N. Eden St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ida Green

6 DATE OF BIRTH (month, day, and year) Sept 25/1885

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
70	71	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Green

11 BIRTHPLACE OF FATHER (city or town) Balto.Md

(State or country)

12 MAIDEN NAME OF MOTHER Amanda Ray

13 BIRTHPLACE OF MOTHER (city or town) Balto.Md

(State or country)

14 Informant Edward Franke

(Address) 1806 Aiken St

15 Filed 19_____

Per_____ Registrar

C. HAMPSON JONES, M. D.

12 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia-result of Carbon Monoxide Gas Poisoning, March 8th Open gas jet-Accidental

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) J. E. Kelly M. D.

(Coroner)

3/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem't Date of Burial Mar 25 26

20 UNDERTAKER William Lee ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08736

CERTIFICATE OF DEATH.

129 E 08736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 W Lafayette St. 167 (WARD)

REGISTERED NO. ..

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Collins McClellan

(a) RESIDENCE NO. 1517 W Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Faulkner McClellan

6 DATE OF BIRTH (month, day, and year): Dec 22-1860

7 AGE: Years 65 Months 3 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: James McClellan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Caroline Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/22/26 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 23 , 19 24 to Mar 22 , 19 26 .

that I last saw h alive on Mar 22 19 , 19 ,

and that death occurred, on the date stated above, at 11.45 P M.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam Urinalysis

(Signed) Lewis Tolliaferro M. D.

3/24/26 19 (Address) 2724 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Informant (Address) Alice F. McClellan 1517 W Lafayette

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: March 24 1926

UNDERTAKER: J. J. Tucker Sons

ADDRESS: Northern

Filed 4 1926 . 19 Per RK Registrar C. HAMPSON JONES, M. D.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08737

CERTIFICATE OF DEATH.

38 E 08737

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View Asylum ST., 1-3 WARD)

2-FULL NAME Baby girl Smith

(a) RESIDENCE No. 1008 S. Curley Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-15-26.

7 AGE: Years | Months | Days: 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City Hospitals (State or country) Balt Md

10 NAME OF FATHER Dere Boston

11 BIRTHPLACE OF FATHER (City or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mame Sauld

13 BIRTHPLACE OF MOTHER (City or town) Balto (State or country) Maryland

Informant Hospital Records

(Address) Baltimore City Hospitals

Filed 19 C. HAMPSON JONES, M.D. Registrar

2 4 1926 By RT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 — 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 23, 1926, that I last saw h[illegible] alive on March 23, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Lues —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood & Lab Exts

(Signed) Dr. J. Chas Kelly M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cem. Md — DATE OF BURIAL: 24th 1926

20 UNDERTAKER: Lilly and Zile — ADDRESS: 402 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 08738 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 08738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S Bouldin ST. 76-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Zingarelli

(a) RESIDENCE NO. 218 S Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 21/25

7 AGE — Years: 0 | Months: 6 | Days: 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Zingarelli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Andresini - Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Pisty Andresini

(Address) 25-20 Pratt St

Filed 2-4 1926 19 C. MARSHALL JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1926 to March 22, 1926.

that I last saw h— alive on March 22, 1926

and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No examined

What test confirmed diagnosis?

(Signed) O. Artigiani M. D.

19 (Address) 2426 Boyd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 24 1926

20 UNDERTAKER: Frank V. Pikulski — ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08739

103

180 E 08739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Westport Power House

CITY OF BALTIMORE: (No. Consolidated Gas E.L.& Pow Co. 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius J. Miller

(a) RESIDENCE NO. 4 Kloman St. Westport. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1916.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Herbert Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lena Eyring.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant William R. Evans. (stepfather)
(Address) 4 Kloman St. Westport. Md.

Filed 4 1926 192 Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental suffocation, covered by ashes in an ash pit.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

March 23, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 24 1926

20 UNDERTAKER John Ludde ADDRESS 1200 W. Fort Ave

Spec.—1-12-23—M&T—500 Blks.

08740

HEALTH DEPARTMENT—CITY OF BALTIMORE

24 E 08740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital 16-4 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Deane, Jr.

(a) RESIDENCE NO. 1417 N. Bentalou ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 16, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER John E. Deane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Della Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant John E. Deane
(Address) 1417 N Bentalou

Filed 4 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month), day, and year March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to March 23, 1926,

that I last saw him alive on March 23, 1926,

and that death occurred, on the date stated above, at 7 45 P m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Tuck, M. D.

3/24 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL March 1926

20 UNDERTAKER Geo. H. Tittle

ADDRESS 2100 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08741

CERTIFICATE OF DEATH.

100-001

E 08741

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST. 6-3 ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Lee

(a) RESIDENCE NO. 6 N Streeper ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar. 16-1924

7 AGE — Years: 2 — Months: — — Days: 7 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: Roland G. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Helen Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Roland G. Lee

(Address): 6 N Streeper St

Filed 4-1926, 19 .. HARRY JONES, D. S. ..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1926 to March 23, 1926, that I last saw h[illegible] alive on March 23, 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary): Tuberculosis Glenoid

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. Signs & Symptoms

(Signed) Peter Ludwig M. D.

, 19 (Address) Jewish Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Mar 26

20 UNDERTAKER: Geo M. Smith & Son — ADDRESS: 811 W Lex St

Spec.—1-10-21—M&T—1500 Blks.

E 08742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 08742

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 113 N. 11th ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Wilhelmina Hall.

(a) RESIDENCE NO. 113 N. 11th ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hall.

6 DATE OF BIRTH (month, day, and year) Dec 9 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. house-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Germany

10 NAME OF FATHER August Muellen

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

Informant Eleanor Brown

(Address) 113 N. 11th St.

Filed [illegible] 1926 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 - 1926

17 I HEREBY CERTIFY, That I attended deceased from February 22, 1926, to March 22, 1926, that I last saw her alive on, March 21 - 1926 and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of heart

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Roland, M. D.

3-22, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Mch 24 1926

20 UNDERTAKER Zinkler & Zinkler — ADDRESS 1739 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

E 08743

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08743

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Bartlett ave ST., 4-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John N. Rau

(a) RESIDENCE No. 620 Bartlett ave ST., ...WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rau

6 DATE OF BIRTH (month, day, and year) Aug. 29. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Heat + Frost Insulator

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John N. Rau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Staube

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

PARENTS

14 Informant Joseph McDonald

(Address) 620 Bartlett ave

Filed .....19..... Registrar K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 10, 1926 to Mch 22, 1926, that I last saw him alive on Mch 22, 1926, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Hugh Forsythe, M. D.

3-23, 1926 (Address) 114 E Fourth Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Mch 26 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager st.

Spec.—1-10-21—M&T—1500 Bks.

E 08744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1E 08744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 E Preston ST. 8-4 WARD)

2-FULL NAME Elizabeth Noll

(a) RESIDENCE No. 2103 E Preston ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Otto Noll

6 DATE OF BIRTH (month, day, and year) Dec 21 - 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
69	68	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Gerhold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Anna B. Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Mrs Anna Starkey (Address) 2103 E Preston St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10 1926 to March 21 1926 that I last saw h alive on March 21 1926 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirming diagnosis?

(Signed) C. E. McClanahan M. D.

(Address) 3500 Bank Ky

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Mar 24 1926

20 UNDERTAKER Robt. T. Turner Inc. — ADDRESS 1442 N. Broadway

Nelson

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08745 | E 08745

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2230 Eager Place

REGISTERED NO.

CITY OF BALTIMORE: (No. 2230 Eager St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Nelson

(a) RESIDENCE. No. 2230 Eager St. 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1922

7 AGE: Years 4 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Oscar Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Duluth Minn

12 MAIDEN NAME OF MOTHER Ella Rinehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Oscar Nelson
(Address) 2230 Eager Place

Filed 2 4 1926 19 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4 1926 to 3-25 1926
that I last saw h alive on 3-25 1926
and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What was confirmed diagnosis? Findings

(Signed) J. Fred Hughes M. D.

, 19 (Address) 1000 Mott Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Johannah Candeo | ADDRESS: 1004 Aisquith St

MAR 24 1926

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08746

CERTIFICATE OF DEATH.

161-001 E 08746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3431 Ash St. St., 13-3 Ward)

2-FULL NAME Elmer Lee Taylor

(a) RESIDENCE NO. 3431 Ash St. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 7-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles H. Taylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie B. Parks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Charles H. Taylor

(Address) 3431 Ash St.

APR 4 1926 Filed ... Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23- 19 26.

17 I HEREBY CERTIFY, That I attended deceased from March 7th, 19 26 to March 23, 19 26, that I last saw him alive on March 23rd, 19 26, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Prematurs Birth (Premat)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. G. Lillie, M. D.

3/23 1926 (Address) 1502 Munsey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St. Mary's, Hampden March 24 1926

20 UNDERTAKER — ADDRESS

Horace H. Burgee 463 Falls Road

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08747

CERTIFICATE OF DEATH.

E 08747

REGISTERED NO. 18002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3644 Sycamore ST. (13 WARD)

2-FULL NAME Laura Hilda Buffington

(a) RESIDENCE No. 3644 Sycamore Av. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 4-1914

7 AGE: Years 12 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William C. Buffington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eva E. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: William C. Buffington

(Address): 3644 Sycamore Ave

15 Filed APR 4 1926, 19 Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 14 1926 to March 23 1926.

that I last saw h-- alive on March 22nd 1926

and that death occurred, on the date stated above, at 7.20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia 9 days

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) B. O. Tillett M. D.

3/24, 19 26 (Address) 824 Tillett

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys, Hampden — DATE OF BURIAL: March 26 1926

20 UNDERTAKER: Horace H. Burger — ADDRESS: 3631 Falls Rd.

Spec.—1-10-21 M&T 1500 Bks.

E 08748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 08748

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (10-12 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Smith

(a) RESIDENCE NO. 707 Eden st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred. Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not stated

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook or

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Caroline.

PARENTS

10 NAME OF FATHER Theodore Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louvina Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

Filed MAR 24 1926 HAMPSON JONES, M. D.

Per R.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1926

17

I HEREBY CERTIFY, That I attended deceased from January 6, 1926, to March 20, 1926, that I last saw him alive on March 20, 1926, and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Wm. C. Lane M. D.

3-20-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL March 25 1926

20 UNDERTAKER Edward Bojan

ADDRESS 1681 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 08749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08749

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 627. S. Lucas ST., 34 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sawa

(a) RESIDENCE NO. 627. S. Lucas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rozalia Sawa

6 DATE OF BIRTH (month, day, and year): Aug 10-1889

7 AGE — Years: 37 (36) Months: 8 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer): Longshoreman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Simon Sawa

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Pacherni Kotas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Rozalia Sawa

(Address): 627. S. Lucas

15 Filed 4 1926, 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1926. to March 22. 1926.

that I last saw him alive on March 21. 1926.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary): asthma

(duration) ..... yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? C. S. & S.

(Signed) John G. Krager, M. D.

3/24 1926 (Address) 362 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 3/26 1926

20 UNDERTAKER: Jacob Friedrowitz

ADDRESS: 412 Bond

E 08750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08750

CERTIFICATE OF DEATH.

185

1 PLACE OF DEATH — CITY OF BALTIMORE (No. Colonial Hospital ST. 14-1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah Dixon

(Residence in Baltimore: No. 627 Pitcher St

Lab St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) (Day), 1893 (Year)

7-AGE, 33 yrs. 5 mos. ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Anthony Dixon

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Anna Dimby

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Dixon

(Address) 627 Pitcher St.

15-

Filed MAR 24 1926 C. HARRISON JONES, M. D. Registrar.

Per R.K.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull, accidental

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Jumped out of window while house was being Raided

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)

3/23, 1926 (Address) 2802 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, March 25 1926

20-UNDERTAKER Jos. T. H. Rochester

ADDRESS 1413 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08751

CERTIFICATE OF DEATH.

90 E 08751

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 W. Belle St. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Freud

(a) RESIDENCE NO. 429 W. Belle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelia Freud

6 DATE OF BIRTH (month, day, and year): 1866.

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. "

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md "

14 Informant: Emma Lane (Address) 429 W. Lanvale

15 Filed 2 4 1926, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/24/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 18th 1926 to March 24th 1926

that I last saw h[illegible] alive on March 19th 1926,

and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Heart Work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elkin, M. D.

19 (Address) 824 Mon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3/27 19 26

UNDERTAKER: Laurel Mausley

ADDRESS 578 N Belle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08752 ✓E 08752

E 08752

CERTIFICATE OF DEATH.

26-5-90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1435 East ave St. 26-5 Ward)

2-FULL NAME John Va. Earhart

(a) RESIDENCE NO. 1435 E. Eastave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Earhart

6 DATE OF BIRTH (month, day, and year) May 29. 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer Self

9 BIRTHPLACE (city or town) .....

(State or country) Salt Lake City

PARENTS

10 NAME OF FATHER Benjamin Earhart

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emily McCracken

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Pennsylvania

14 Informant Annie Earhart

(Address) 1430 East ave

15 Filed .....19... HARRISON JONES, M. D.

1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
(Related heart trouble)

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Inflamatory Rheumatism

(duration) 2 yrs. ___ mos. ___ ds.

(Signed) James M Benton M. D.
(Coroner)

3-22-19 26 (Address) 1006 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 3/25/1926

20 UNDERTAKER J. J. Moran ADDRESS 300 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08753

CERTIFICATE OF DEATH.

188 901 E 08753

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital Ward 26-7)

2-FULL NAME Frank Contino

(a) RESIDENCE NO. 322 S. 15th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
mal	wht	Marrd

5a If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE~~) Teresa Contino

6 DATE OF BIRTH (month, day, and year) Nov. 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	56	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Continental

(c) Name of employer Canbo

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER John Contino

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Rachell Delrechio

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Teresa Contino

(Address) 322 S. 15th St

15 Filed ..... 19 ..... C. HAMPSON JONES, Registrar.

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemiplegia (Stroke) Dying Both Legs Cardiac & Chronic Nephritis Paresis Years (duration) yrs. mos. 3 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Stanton M. D. (Coroner)

3 23 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Lombard & 8th

Former or usual residence 321 S 15th St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial 3/25/1926

20 UNDERTAKER J. J. Moran ADDRESS 3900 E. Baltimore

Fee

Spec.—1-10-21—M&T—1500 Bks.

1926 60 E 08754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 201 Ped.

101 E 08754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Judor

(a) RESIDENCE NO. 2212 E- Hermeman ST., Cor - WARD Balt - Md -

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? 1/2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 10 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Chas. E - Judor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Rose Landau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar

Per pcb

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to March 22, 1926, that I last saw him alive on March 22, 1926, and that death occurred, on the date stated above, at 10 20 P.m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia, Lobar.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes —

What test confirmed diagnosis? Autopsy

(Signed) Ann Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patrick Cem

DATE OF BURIAL: June 25 1926

20 UNDERTAKER: Jno E. Fullerton

ADDRESS: 2134 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08755

CERTIFICATE OF DEATH.

12 E 08755

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 23 Bayonne Ave (If death occurred in a hospital or institution, give its NAME instead of street and number.) WARD 27-11

2-FULL NAME Caroline A. Gross

(a) RESIDENCE NO. 23 Bayonne Ave ST., WARD
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Gross

6 DATE OF BIRTH (month, day, and year): Nov 12th 1834

7 AGE — Years: 91 — Months: 4 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Houses Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germy

PARENTS

10 NAME OF FATHER: George L. Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Barbara Metz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Mrs Amanda Horsemann (Address) 23 Bayonne Av.

15 Filed MAR 24 1926, 19 C. HAMPSON JONES, M. D. Registrar. Per BB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1926, to Mar 22, 1926, that I last saw her alive on Mar 22, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis
Chronic myocarditis
Ch. interstitial nephritis
(duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary edema
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual laboratory

(Signed) Geo A Strauss M. D.

3/23, 1926 (Address) 1800 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 25th 1926

20 UNDERTAKER: Schloman & Son — ADDRESS 1039 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08756 — CERTIFICATE OF DEATH. — 40 E 08756

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3922 Hillsdale Rd. St.) (26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernst H. Albrecht.

(Residence in Baltimore: No. 3922 Hillsdale Rd. St.; 61 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept 26, 1839 (Month) (Day) (Year)

7-AGE, 86 yrs. 5 mos. 26 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Warnecke

(Address) 3922 Hillsdale Rd

15-

Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1926, to March 23 1926, that I saw h[illegible] alive on March 22 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. da.

(Signed) Chas. H. Chandler M. D.

March 23 1926 (Address) 923 Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	March 26. 1926
20-UNDERTAKER E. Schumacher	ADDRESS 1039 Hanover St

Spec.—1-12-23—M&T—500 Bks.

E 08757

HEALTH DEPARTMENT—CITY OF BALTIMORE

36-094

E 08757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 346 N Whitridge Av ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Assaro

(a) RESIDENCE NO. 346 N Whitridge Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Gaetano Assaro

DATE OF BIRTH (month, day, and year) Dec 16-1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Gaetano Anello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marianna Prestig-iacomo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant (Address) Gaetano Assaro 346 N Whitridge Av

1926 C. HAMPSON JONES, M. D. Registrar

Per ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1925, to Mar 23, 1926, that I last saw her alive on Mar 23, 1926 and that death occurred, on the date stated above, at 11-15 P. m.

The CAUSE OF DEATH* was as follows:

Kidney Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D Di Stefano, M. D.

Mar 24, 1926 (Address) 1407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 3/26 1926

20 UNDERTAKER George J Ruth

ADDRESS 1735 Hanford Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08758

E 08758

CERTIFICATE OF DEATH.

74

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W 39th St. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia A Hall.

(a) RESIDENCE No. 108 W. 39th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Negress

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Charles E. Hall.

6 DATE OF BIRTH (month, day, and year): Mar. 1851.

7 AGE: Years 75. Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ladies Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: John Phillips.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Lydia Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mary F. Wallace

(Address): 2433 McCulloh

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 22, 1926, that I last saw her alive on March 21, 1926, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Cerebral hemorrhage

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 2433 McCulloh

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Reuss M. D.

3/23, 1926 (Address) 2140 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn. DATE OF BURIAL: Mar. 25. 1926

20 UNDERTAKER: Wm Cook ADDRESS: 501 E Ward

Spec.—1-10-21—M&T—1500 Bks.

E 08759 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08759

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Teresa Ohm

(a) RESIDENCE NO. 676 Washington Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ernest Ohm

6 DATE OF BIRTH (month, day, and year): Dec 17, 1889

7 AGE: Years 36 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Montreal Canada

PARENTS

10 NAME OF FATHER: Joseph J Cairns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary J Keegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Ernest Ohm 676 Washington Blvd

15 Filed 1926, 19..., Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1926, to March 23, 1926, that I last saw h[illegible] alive on March 22, 1926 and that death occurred, on the date stated above, at 8. P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) 2 yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M A O'Neill M. D.

3/24 1926 (Address) 108 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 27 1926

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2178 Pa. Ave.

Spec.—1-10-21—M&T—1500 Bks.

(Nail)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08760

100 801

E 08760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Karl

(a) RESIDENCE NO. 2450 Buchanan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1837

7 AGE — Years: 70 yr. — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Robert Karl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Karl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Baltimore City Hospitals Records

15 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 1926

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to March 23, 1926, that I last saw him alive on March 23, 1926 and that death occurred, on the date stated above, at 12:45 P m

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. (3 days) mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

3/23, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 3/26 1926

20 UNDERTAKER: Samuel Kennedy — ADDRESS: 1118 Riddley St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08761 — 24-001 — E 08761

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 W. Franklin St. ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Washington

(a) RESIDENCE NO. 1605 W. Franklin St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Washington

6 DATE OF BIRTH (month, day, and year): ? ? 1887

7 AGE — Years: 38 (39) — Months: ? — Days: ? — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Miss.

10 NAME OF FATHER: Richard Dozier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Miss. ?

12 MAIDEN NAME OF MOTHER: Alice ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Miss. ?

14 Informant: James Dozier (Husband)

(Address): 1605 W. Franklin St.

Filed 1926 C. HAMPSON JONES, M. D.

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20th. '26 to March 22, 1926.

that I last saw her alive on March 21st. 19 26.

and that death occurred, on the date stated above, at 8.00 a m

The CAUSE OF DEATH* was as follows:

Apoplexy followered by Hemipleg ia.

(duration) yrs. 4 mos 11 ds.

CONTRIBUTORY (Secondary): Hemiplegia

(duration) yrs. 4 mos. 11 ds.

18 Where was disease contracted if not at place of death? Monessen Pa.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

3/27 1926 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon

DATE OF BURIAL: 3/25 19

20 UNDERTAKER: Chas. F. Hemsley

ADDRESS: 57 W. Preston

Spec.—1-10-21—M&T—1500 Bks.

E 08762 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08762

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 253 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Trapp

(a) RESIDENCE NO. St Marys Industrial School St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 14 1909

7 AGE: Years 16 Months 4 Days 9 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: in home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF ~~FATHER~~ Rogers Trapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elvina Rossmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Brother Benjamin (Address) St Marys Ind School

15 1926 .19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-20 .1926. to 3-23 .1926.

that I last saw h~~e~~r alive on 3-23 .1926.

and that death occurred, on the date stated above, at 7.40 p m.

The CAUSE OF DEATH* was as follows:

Influenza
Broncho-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Francis A. Ellis, M. D.

.19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: March 26 1926

20 UNDERTAKER: A. Havard Evans ADDRESS: 38 E Ford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 08763

E 08763

CERTIFICATE OF DEATH. 153

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 27-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bryant Turner Schley

(a) RESIDENCE NO. 210 Roland Avenue (St.) (Ward) Colorado Springs Col.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? 16 yrs. 8 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year) June-25-1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	16	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer): Gilman School

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Denver, Colorado

PARENTS

10 NAME OF FATHER: Chaloner B. Schley

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York City, New York

12 MAIDEN NAME OF MOTHER: Edith Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York City, New York

14 Informant: Mrs. Edith T. Schley (mother)
(Address) Colorado Springs Col.

15 Filed ... 1926 C. HAMPSON JONES, M. D. Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-12, 1926, to 3-27, 1926,
that I last saw him alive on 3-27, 1926,
and that death occurred, on the date stated above, at 3:05 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of Neck

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Streptococcus Throat Infection

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? ... Date of 3-18-26
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms

(Signed) A. T. Bryant, M. D.
, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kensico New York — DATE OF BURIAL: March, 26 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOOLEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08764

CERTIFICATE OF DEATH.

1601

E 08764

1-PLACE OF DEATH West Balto. Gen. Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynia Ave & Dukeland St. 16-2 WARD)

2-FULL NAME Baby Girl Hause

(a) RESIDENCE No. 2914 Edmondson Ave ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 23 1926

7 AGE — Years — Months — Days: One — If LESS than 1 day, 3 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carroll H Hause

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Emma C. Kabernagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

14 Informant (Address) Mr. Carroll Hauer (Father) 2914 Edmondson Ave

15 4 1926 C. HAMPSON JONES, M. D. Registrar

Per HWB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 23, 1926, to Mar 24, 1926, that I last saw her alive on Mar 24, 1926, and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Premature Ingnition

(duration) — yrs. — mos One ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R Frankenberger, M. D.

3/24 1926 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL Mar 25 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Rks.

E 08765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08765

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Weidner Ave, Govanstown (St.) 27-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Carson Cowman

(a) RESIDENCE NO. Weidner Ave, Govans. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? 76 yrs. 7 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Cowman

6 DATE OF BIRTH (month, day, and year): July 31-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? ? Md.

12 MAIDEN NAME OF MOTHER: Rebecca Summers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md.

14 Informant: Mrs Grace A. Creamer (Daughter)

(Address) 4904 Chesapeake St. N.W. Washington D.C.

15 Filed . 19 HARRISON JONES, M.D. Registrar

4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1926, to March 24, 1926, that I last saw her alive on March 23, 1926, and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Sub. Nephrit.
Chr. Myocarditis
Arteriosclerosis

(duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) S. L. Bishop, M. D.

March 29 1926 (Address) 601 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Govans Presbyterian Cemetery — DATE OF BURIAL: March 26 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08766 E 08766

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106-W-North-Av. ST. 125 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly Carter Bennett

(a) RESIDENCE NO. 106-W-North-Av. ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 75 yrs. 1 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gogorth Roberts Bennett

6 DATE OF BIRTH (month, day, and year): Jany-26-1851

7 AGE: Years 75 | Months 1 | Days 27 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Tuscaloosa, Alabama

10 NAME OF FATHER: Jacob D. Heaflich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hagerstown, Maryland

12 MAIDEN NAME OF MOTHER: Virginia Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond, Virginia

Informant (Address): The Misses Bennett (daughters) 106-W-North-Av., City.

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17th, 1926, to March 23rd, 1926, that I last saw her alive on March 23rd, 1926, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1905 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mar-25-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 08767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08767

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Harlem Ave ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha James Kroneberger

(a) RESIDENCE NO. 1810 Harlem Ave ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? 69 yrs 3 mos 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: William H. Kroneberger

6 DATE OF BIRTH (month, day, and year) Nov. 24th. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Petersburg Va.

10 NAME OF FATHER Wm. J. Jarvis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Petersburg Va.

12 MAIDEN NAME OF MOTHER Martha James

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Petersburg Va.

PARENTS

14 Informant (Address): Mr William H. Kroneburger (Husband) 1810 Harlem Ave

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan' 1926 to Mar 27 1926,

that I last saw her alive on Mar 26 1926,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cirrhosis of Kidneys

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

3/23, 1926 (Signed) I Bernard S. Strauch, M. D.

(Address) 1707 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March 25th/26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08768

CERTIFICATE OF DEATH.

60-001

E 08768

REGISTERED NO.

1-PLACE OF DEATH Md. Gen. Hosp

CITY OF BALTIMORE: (No.) ST. 11-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mollie Bussard

(a) RESIDENCE NO. Myersville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Chas. F. Bussard

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1873

7 AGE 53 Years 2 Months 15 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Myersville Md.

10 NAME OF FATHER Mr. F. J. Cortie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER L. Grossnickle

13 BIRTHPLACE OF MOTHER (city or town) Myersville (State or country) Md

Informant Patient.

(Address)

Filed 5-1926 C. HAMPSON JONES, M. D. Registrar

Per R.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to March 25, 1926, that I last saw her alive on March 24, 1926, and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock (duration) yrs. About 2 hrs. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of March 22/26.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Md. DATE OF BURIAL March 25, 1926

20 UNDERTAKER E. T. Gladhill ADDRESS Middletown Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08769

CERTIFICATE OF DEATH.

100-001 E 08769

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 25-1 (WARD)

2-FULL NAME Elizabeth Busch

(a) RESIDENCE NO. 3053 6th St ST. Brooklyn Md WARD
(Usual place of abode)
(If non-resident give city or town and State)

(Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6 DATE OF BIRTH (month, day, and year): Oct 28 1908

7 AGE: Years 17 Months 5 Days 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Emil Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Schofield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Emil Busch
(Address) 3053 6th St Brooklyn

Filed [illegible] 1926 G. HARRISON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3/24 , 19 26 , to 3/23 , 19 26 ,
that I last saw h[illegible] alive on 3/23 , 19 26 ,
and that death occurred, on the date stated above, at 7:20 P. m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Appendicitis fulminating
(duration) yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Doris Cantrell M. D.

March 25, 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 3-26 1926

20 UNDERTAKER: E & B Hahn — ADDRESS: 115 E Lexington St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08770

CERTIFICATE OF DEATH.

7/4-001

E 08770

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 S. Carey St. 21-2 WARD)

2-FULL NAME Samuel A. Semmouth

(a) RESIDENCE NO. 1207 S. Carey ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Semmouth

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Excelsior Brick Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER David F. Semmouth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Louisa Hann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Martha E. Semmouth

(Address) 1207 S. Carey St

Filed ... 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-1- , 1926, to 3-23 , 1926

that I last saw him alive on 3-23- , 1926,

and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard D. Hann M. D.

, 19 (Address) 227 N. Mont-St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL Mar. 26 1926.

20 UNDERTAKER Wm. Mrs. John W. Siegfried ADDRESS 1801 N. Gay St.

C. HAMILTON SIMS, M. D.

25 1926 Registrar ...

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08771 E 08771

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Alexander L. Cummings

(a) RESIDENCE NO. 15 W. Mulberry St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Camilla Rogue

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) Melvale Distilling Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John Cummings

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ------

12 MAIDEN NAME OF MOTHER Ellen E. Gorman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

PARENTS

14 Informant Miss Frances Cummings
(Address) 15 W. Mulberry Street

Filed 3 25 1926 19 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926 to March 23, 1926 that I last saw her alive on March 23, 1926 and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (secondary) Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jarrett, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/27 19 26

20 UNDERTAKER Henry W. Wears & Sons — ADDRESS 25 N. Calvert

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08772

CERTIFICATE OF DEATH.

49 E 08772

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Coplin

(a) RESIDENCE NO. 115 Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada N Coplin

6 DATE OF BIRTH (month, day, and year): [illegible] 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Usher Coplin

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E Baltimore St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926, to March 23, 1926,

that I last saw him alive on [illegible] 1926,

and that death occurred, on the date stated above, at 11:15 m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Renal Calculi

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Lehman, M. D.

3-24 1926 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodeph Shom

Date of Burial: 3/25 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore St

MAR 25 1926 HARRY JONES, R.

Spec.—12-9-25—A Co.—200 Bks.

E 08773

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08773

CERTIFICATE OF DEATH.

34

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 N Northar St. 13-6 Ward)

2-FULL NAME Rose Jacobs

(a) RESIDENCE NO. 820 N Northar St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Jacobs

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Lewis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Louis Jacobs

(Address) 820 N Northar

Filed MAR 25 1926 THEODORE JONES, M. D. Registrar

RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24 19 26

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to March 24, 1926, that I last saw her alive on March 23, 1926, and that death occurred, on the date stated above, at 1:09 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of spine.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Chas. F. Blake, M. D.

March 1926 (Address) 70 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 3/25 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1409 Eastern

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08774 — E 08774

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Gough st ST. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Grybas

(a) RESIDENCE NO. 2113 Gough st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislawa

6 DATE OF BIRTH (month, day, and year) [illegible] 1879

7 AGE	Years	Months	Days	If LESS than 1 day.... hrs or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repairman

(b) General nature of industry, business, or establishment in which employed (or employer) P and O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

10 NAME OF FATHER George Grybos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Stanislawa Grybas

(Address) 2113 Gough st

Filed MAR 25 1926 Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20th, 1924, to Mar 22nd, 1926, that I last saw him alive on Mar 19th, 1926 and that death occurred, on the date stated above, at 5 p m

The CAUSE OF DEATH* was as follows:

Pulmonary T.B and Bronchiectasis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam & Lab.

(Signed) A. F. Ries, M. D.

Mar 24, 1926 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	March 26 1926
20 UNDERTAKER	ADDRESS
F. W. Ozazewski	1930 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08775

91-002 E 08775

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 W. 24th St. 12-3 Ward)

2-FULL NAME Charles W. Hamill

(a) RESIDENCE NO. 14 W. 24th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) Feb 2 - 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Silver Plater

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer: Retired -

9 BIRTHPLACE (city or town)

(State or country): Balto -

PARENTS

10 NAME OF FATHER Robert Hamill

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Scotland

12 MAIDEN NAME OF MOTHER Catharine Conard -

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Tennessee

14 Informant: Basil W. Hamill

(Address): 14 W. 24 St -

15 Filed MAR 25 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1924, to Mar. 23, 1926, that I last saw him alive on Mar 2-7, 1926, and that death occurred, on the date stated above, at 3-30 A.m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. N. Magruder, M. D.

3/24/19 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Mt. Olivet Feb 27 1926

20 UNDERTAKER: ADDRESS

Wm Cook 502 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08776

1-PLACE OF DEATH

CERTIFICATE OF DEATH. 129

E 08776

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 204 Emmet. ave. ST. 27-12 WARD)

2-FULL NAME Margaret Wessel

(a) RESIDENCE NO. 204 Emmet Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Wessel

6 DATE OF BIRTH (month, day, and year) Feb 17 1869

7 AGE — Years: 57 Months: 1 Days: 5 If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER William Upton.

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Gherr

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

PARENTS

14 Informant (Address) Mrs. Annie M. Long 204 Emmet ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

3 25 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 19, 1926, to Mch 22, 1926, that I last saw her alive on Mch 22, 1926, and that death occurred, on the date stated above, at 5 55 P.M.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

Chronic Parenchymatous Nephritis (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

3/23 1926 (Signed) Thos. J. A. Stevens M. D.

(Address) 2878 Harford Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 3/26 1926

20 UNDERTAKER: George & Ruth — ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08777

CERTIFICATE OF DEATH.

9

E 08777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Foster ave ST., 1-4 WARD)

2-FULL NAME Florence Kolendek

(a) RESIDENCE NO. 3109 Foster ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 20 1926

7 AGE: Years — Months 1 — Days 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Felix Kolendek

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Amalia Bazillska

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Felix Kolendek

(Address) 3109 Foster ave

15 Filed 2 5 1926, 19 — [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 24, 19 26, to March 24, 19 26, that I last saw her alive on March 24, 19 26 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible], M. D.

3/24/26 (Address) 408 S Par Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary cem — DATE OF BURIAL: March 25 19 26

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank

E 08778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08778

CERTIFICATE OF DEATH.

14-001

REGISTERED No. C

1-PLACE OF DEATH 2131

CITY OF BALTIMORE (No. [illegible] Division ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Darsey

(Residence in Baltimore: No. 2131 Division St

St.: 25 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 4, 1877 (Month) (Day) (Year)

7-AGE, 49 yrs. mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Granite Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Andrew Darsey

(Address) 1501 N. Carey St

Filed ....., 191.... By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. J. Hennessy M. D. (Coroner.)

3/24/26 (Address) 2802 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, March 26 1926

20-UNDERTAKER Mrs Jas. H. Dennis per T. E. Kelson

ADDRESS 1503 Pressman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08779

CERTIFICATE OF DEATH. 99-001

E 08779

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 E Chase ST. 10th WARD)

2-FULL NAME Herman J. Elmendorf

(a) RESIDENCE NO. 1216 E. Chase ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? 54 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~the late~~ ~~(or) WIFE of~~ Margaret W. Elmendorf

6 DATE OF BIRTH (month, day, and year) Dec. 6 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Retired Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Herman Elmendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Mary Elmendorf

(Address) 1216 E. Chase

15 Filed 2 5 1926, 19.. H. HARRISON JONES, M. D. Registrar

By ..... L.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1926, to March 24, 1926, that I last saw h[illegible] alive on March 23, 1926, and that death occurred, on the date stated above, at 5- A. m.

The CAUSE OF DEATH* was as follows:

Senile Arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Com. J. Ostrich, M. D.

3/29 1926 (Address) 701 Northwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 27, 1926
20 UNDERTAKER	ADDRESS
Henry Hoeck & Son	1801 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

08780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 08780

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 10-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Wallace

(a) RESIDENCE NO. 1114 Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed or divorced HUSBAND of ~~WIFE~~ of Catherine Wallace

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer for 30

(b) General nature of industry, business, or establishment in which employed (or employer) for Mallory Stove Castle

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Mark Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Wm Keelin

(Address) 13 Linden Terrace

15 Filed , 19 Registrar

R 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-15, 1926, to 3-24, 1926,

that I last saw him alive on 3-24, 1926,

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Fr. Adenoid.

Hypertrophy prostate

Auricular fibrillation

(duration) 1. yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis J Ellis, M. D.

3/27/26 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery (Comus) DATE OF BURIAL March 27, 1926

20 UNDERTAKER Henry Hook Son ADDRESS 1201 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08781

CERTIFICATE OF DEATH. 188-103

E 08781

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis M. Zellar

(a) RESIDENCE NO. 1529 Holbrook St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Zellar

6 DATE OF BIRTH (month, day, and year) Oct 18/1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	61	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) American Street

(c) Name of employer Lighting Co

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Adam Zellar

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Kellar

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Margaret A. Zellar

(Address) 1529 Holbrook St

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-at occiput

Struck by automobile (Yellow Taxi)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Mallon M. D.

(Coroner)

3/25/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery Mar 27 1926

20 UNDERTAKER Henry Horsch Son ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

E 08782 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 08782

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 E. Regester St. 21 WARD)

2-FULL NAME Barbara Woolford

(a) RESIDENCE NO. 406 E. Regester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: A. David Woolford

6 DATE OF BIRTH (month, day, and year): Aug 24, 1863

7 AGE: Years 62 Months 6 Days 26 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Hohe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Braun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): George Hohe 406 E Regester St

15 Filed MAR 25 1926 19 Registrar C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926 to March 22, 1926, that I last saw him alive on March 22, 1926 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Sen Keller, M. D.

3-26-1926 (Address) 193 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthews Cemetery — DATE OF BURIAL: March 25 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Pleasant St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08783

CERTIFICATE OF DEATH.

E 08783

1-PLACE OF DEATH 2016 East Biddle St. 6-4 129 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip F. Kahmer Sr

(a) RESIDENCE NO. 2016 East Biddle ST., 8 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Louisa R. Kahmer

6 DATE OF BIRTH (month, day, and year) June 9 1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 8 years

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Andrew Kahmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Hessen Darmstadt

12 MAIDEN NAME OF MOTHER Elizabeth Dornachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany Hessen Darmstadt

PARENTS

Informant Louisa R Kahmer

(Address) 2016 E Biddle St

Filed MAR 25 1926 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to March 24, 1926, that I last saw h me alive on March 24, 1926, and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Minalgesia

(Signed) Alfred A Bendick, M. D.

19 (Address) 2221 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 1st Evangelical Cem

DATE OF BURIAL March 27 1926

20 UNDERTAKER H. Lander & Sons Inc

ADDRESS 1700 Block

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08784

CERTIFICATE OF DEATH.

90 E 08784

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1532 E 28th ST. 9-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Mulligan

(a) RESIDENCE NO. 1532 E 28th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Hoize

6 DATE OF BIRTH (month, day, and year): July 17-1863

7 AGE: Years 62 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Owen Mulligan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Katherine Gilroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Emma Mulligan

(Address): 1532 E 28th St

15 Filed MAR 25 1926, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1926 to Mar 23, 1926.

that I last saw him alive on March 22, 1926.

and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) (duration) yrs. 7 mos. 7 ds.

Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) G. G. Scadden, M. D.

(Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: March 26 1926

20 UNDERTAKER: John Heuisler

ADDRESS: [illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 08785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08785

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2902 Weaver Ave St. 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Louis

(a) RESIDENCE NO. 2902 Weaver Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. Irene Louis

6 DATE OF BIRTH (month, day, and year) May 18/1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R R

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER John J. Louis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Katherine E. Rhinehardt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) York Pa.

14 Informant Irene E. Louis

(Address) 2902 Weaver Ave

Filed MAR 25 1926 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mar 24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis (Possible Pericarditis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.

(Coroner)

3/25/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Where disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Date of Burial Mar 27 1926

20 UNDERTAKER JOHN F. Denny ADDRESS 715 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

063 / 1-001

9E 08786 / E 08786

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 WARD)

2-FULL NAME Patrick Myers

(a) RESIDENCE NO. Lorely, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: #

6 DATE OF BIRTH (month, day, and year): 1917

7 AGE: Years 9 Months 8 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer): #

(c) Name of employer: #

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Carmel Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Della Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 5 1926 C. HAMPSON JONES, M. D., Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1926 to March 23, 1926 that I last saw him alive on March 23, 1926 and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. W. Jacobson M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bel Air, Md. DATE OF BURIAL: March 25 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette St

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08787

CERTIFICATE OF DEATH.

129 E 08787

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Edmondson Av ST. 70-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wallie A. Berry

(a) RESIDENCE NO. 1819 Edmondson Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Berry

6 DATE OF BIRTH (month, day, and year) Nov. 11-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	61	3 4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Coal

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Wallie W. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Caroline Darrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phil. Pa

14 Informant Mrs Lillie M. Berry

(Address) 1819 Edmondson Av.

15 Filed R 2 5 1928 H. MAY H. JONES, M. D. Registrar K K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23. 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. , 1925, to Mar. 23 , 1926 ,

that I last saw h[illegible] alive on Mar. 23, , 1926 ,

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Death was due to
Chronic Nephritis

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chauncey Le Harry , M. D.

, 19 (Address) 827 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount-Cem. DATE OF BURIAL Mch. 26 1926

20 UNDERTAKER Chas. E. Francis ADDRESS 802 Madison Av

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08788

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 08788

REGISTERED NO.

City of BALTIMORE: (No. 2002 E. Madison St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederika Hanzlik

(a) RESIDENCE NO. 2002 E Madison St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hanzlik

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 05

(c) Name of employer: Self

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Hanzlik

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Charles Hanzlik

(Address): 2002 E Madison St

15 Filed MAR 25 1926

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: March 24

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st. 1926, to Mar. 24, 1926, that I last saw h. alive on Mar 23, 1926, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Adrenal Head disease

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Arterio - Sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death? —

Did an operation precede death? Date of?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C L Meyer M. D.

3/29 1926 (Address) 1500 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — Date of Burial: Mar 26 1926

20 UNDERTAKER: Thad Ewell & Son — ADDRESS: 1906 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 08789

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 Filbert St., 25-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Minarik

(a) Residence No. 13 Filbert St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed,~~ or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6-DATE OF BIRTH (month, day and year) March 12-1926

7-AGE. yrs. mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Curtis Bay Md

10-NAME OF FATHER Joseph Minarik

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Rosa Zamostny

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bohemia

14-(Informant) Joseph Minarik

(Address) Curtis Bay Md

15-Filed MAR 25 1926 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 24 1926

17- I HEREBY CERTIFY, That I attended deceased from March 12 1926 to March 22 1926 that I last saw h[illegible] alive on March 22 1926 and that death occurred, on the date stated above, at 3 P M

The CAUSE OF DEATH* was as follows:

Premature Birth 7½ Mo.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon J. Hoska M. D.

March 1926 (Address) Curtis Bay Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery DATE OF BURIAL, March 27 1926

20-UNDERTAKER, Frank L Crook Son ADDRESS 1906 Eastlander

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08790

CERTIFICATE OF DEATH.

57

E 08790

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W. Lexington Street 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Merson

(a) RESIDENCE No. 1926 W. Lexington Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George H. Merson

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Loftus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant G. H. Merson

(Address) 108 N. Payson Street

15 Filed 3/25 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20. 1926. to March 24. 1926.

that I last saw h[illegible] alive on March 24. 1926.

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration. Arteriosclerosis. (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Wm. Mitchell. M. D.

3/25. 1926 (Address) 2901 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 26 1926

20 UNDERTAKER Lee Clark

ADDRESS 1003 W. Balto

Spec.—1-10-21—M&T—1500 Blks.

E 08791

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 08791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. Bay View Asylum ST., 14-1 WARD)

2-FULL NAME Peter Stratton

(a) RESIDENCE No. 1815 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892.

7 AGE — Years: 34 years. Months: Days: If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Jacob Stratton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Grace ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records.

(Address) Balto City Hospitals.

Filed 2 6 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23- 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-25- 1925 to 3-23 1926.

that I last saw him alive on March 23 1926

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Penis & Metastasis

(duration) 2 yrs. 7 mos ds.

Secondary Carcinomatosis

(duration) ... yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Dr. P. Chance M. D.

(Address) Balto City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jasley Cemetery Co. — DATE OF BURIAL: 3/28 1926

20 UNDERTAKER: David Easton — ADDRESS: 916 Pacific

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08792

CERTIFICATE OF DEATH.

+ 111-001 E 08792

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Plummer Roe

(a) RESIDENCE NO. Greensboro Md. ST., ... WARD Greensboro Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? 63 yrs. 3 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve Roe

6 DATE OF BIRTH (month, day, and year) Dec. 16th. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit's

(c) Name of employer Self

9 BIRTHPLACE (city or town) Greensboro
(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew B. Roe

11 BIRTHPLACE OF FATHER (city or town) ??
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Skirve

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country) Md.

14 Informant Mr Harry A. Roe (Brother)
(Address) Denton Md.

15 Filed R 2 6 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6 1926 to March 25 1926.

that I last saw him alive on March 25 1926,

and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

(duration) ? yrs. — mos — ds.

CONTRIBUTORY (Secondary) Alkalosis following Continued Vomiting (duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 7th

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Watt W. Eagle M. D.

3/25 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greensboro Md.

DATE OF BURIAL March 26th/26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

08793

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-502

E 08793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2530 W Baltimore ST. (WARD) 20-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Robert Burch

(a) RESIDENCE No. 2530 W Baltimore ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or)~~ ~~WIFE of~~ Sally Harrison Burch Married

6 DATE OF BIRTH (month, day, and year) Nov 28 - 1846

7 AGE: Years 79 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min. 22

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman (Retired) 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Colonial Dairy & Restaurant Co

9 BIRTHPLACE (city or town) (State or country) Bryantown Charles Co Md

PARENTS

10 NAME OF FATHER Ludwell Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Burch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Martha Burch (Address) 2530 W Balto

15 Filed Mar 26 1926 Paid ... Registrar R.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 13, 1926, to Mch 22, 1926, that I last saw him alive on Mch 21st, 1926, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Senile arterio-Sclerosis

(duration) Some yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marshall F. Smith, M. D.

3/22, 1926 (Address) 1824 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Mch 24

20 UNDERTAKER: George A. Tenley — ADDRESS: Fulton & Hoyle

Spec.—1-10-21—M&T—1500 Bks.

E 08794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08794

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 34 21 Fulton Ave ST. 70-5 WARD)

2-FULL NAME Anna M Hengeller

(a) RESIDENCE NO. 34 21 Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joe Hengeller

6 DATE OF BIRTH (month, day, and year): June 1 1849

7 AGE: Years 76 Months 9 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Adam F Wohler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Frochel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Anna C Hengeller 34 N Fulton Ave

Filed MAR 26 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 22 1926.

17

I HEREBY CERTIFY, That I attended deceased from March 1926, to March 22 1926, that I last saw h[illegible] alive on March 22 1926, and that death occurred, on the date stated above, at 9 00 A m.

The CAUSE OF DEATH* was as follows:

Mitral & Aortic Regurgitation

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Contusion

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bayard Murray M. D.

March 25 1926 (Address) 708 N Caysonst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem DATE OF BURIAL 3/30/26

20 UNDERTAKER: Joseph A Farley ADDRESS Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08795

CERTIFICATE OF DEATH.

90

E 08795

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 W Pratt St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Price

(a) RESIDENCE NO. 815 W Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Jones

6 DATE OF BIRTH (month, day, and year) 3-13-[illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckstering

(b) General nature of industry, business, or establishment in which employed (or employer) Fish Peddler

(c) Name of employer not known

9 BIRTHPLACE (city or town) Calvert Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Price

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Ella Price

(Address) 1533 Mulberry

15 Filed [illegible] 19[illegible] C. HAMILTON JONES, M. D. Registrar

6 1926 Mortuary K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable mitral insufficiency

(duration) 1 yrs. mos. ds.

(Signed) Bernard S Finder M. D.

(Coroner)

192[illegible] (Address) 3525 Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

Date of Burial 3/26 192[illegible]

20 UNDERTAKER Daniel Foster

ADDRESS 916 Pard

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08796

CERTIFICATE OF DEATH.

100-001 E 08796

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 14-1 WARD)

2-FULL NAME Elizabeth Shorter

(a) RESIDENCE NO. 703 Mosher Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Reed.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Charlotte Price

(Address): 703 Mosher St

Filed 3-26 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March. 12, 1926, to March. 23, 1926, that I last saw her alive on March. 23, 1926, and that death occurred, on the date stated above, at 10 45 a m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene (not Diabetic) Right Lower Extremity.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Ira B Chaney, M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 3/26 1926

20 UNDERTAKER: Hamilton Coates

ADDRESS: 916 Park

Spec.—1-10-21—M&T—1500 Blks.

Dr Jeffers, 3427 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08797

CERTIFICATE OF DEATH.

90 E 08797

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1707 N. Fulton Ave ST. 15-13 WARD)

2-FULL NAME Mary M Carson

(a) RESIDENCE NO. 1707 N Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David Carson

6 DATE OF BIRTH (month, day, and year): Dec 5, 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant: David Carson

(Address) 3308 Fairview Ave

15 Filed MAR 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1926, to March 24, 1926

that I last saw her alive on March 24, 1926

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis + Obesity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) J. L. Jeffers M. D.

3/25, 1926 (Address) 3427 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 26 1926

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08798 37E 08798

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5436 Ethelberg Ave (ST.) 22-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth E Chaney

(a) RESIDENCE NO. 5436 Ethelberg Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4 1925

7 AGE Years Months 7 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Roland Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Roland Chaney

(Address) 5436 Ethelberg Ave

Filed 3 26 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 26

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1926, to March 24, 1926, that I last saw h alive on March 24, 1926, and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

Probable (duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of March 15

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and clinical findings

(Signed) R O Faunce, M. D.

3-26, 1926 (Address) 834 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: March 26

20 UNDERTAKER: Chenowith Son — ADDRESS: 367 Chestnut

Cor.—12-9-25—A Co.—200 Bks.

08799

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 08799

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Smith

(a) RESIDENCE NO. 1528 Baldwin St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	sungle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 19/24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. G.Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Young

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Charles G. Smith

(Address) 1528 Baldwin St

15 Filed_____, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Probably Lobar)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. M. Patten M. D.

(Coroner)

3/25/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden Date of Burial: Mar 26 1926

20 UNDERTAKER: Chenoweth & Son ADDRESS: 2615 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 08800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28th 1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Wittkamer

(a) RESIDENCE NO. Mt Hope Retreat ST 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt	61	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laboring.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry F. Wittkamer

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A Stader

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Germany

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md

15 Filed 6 1926, 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1907, to March 24, 1926,

that I last saw him alive on March 24, 1926

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat (Pharyngeal)

over (duration) yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary) Dept. Tuberculosis -

(duration) 19 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mar 27 1926

20 UNDERTAKER John J Fields — ADDRESS 1200 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08801

E 08801

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 E. North Avenue St., 9-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose A. Reilly

(a) RESIDENCE NO. 1217 E. North Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew P. Reilly

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John McCoy

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Spain

12 MAIDEN NAME OF MOTHER Mary A. Coyne

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Miss Katherine M. Reilly
(Address) 1217 E. North Avenue

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 23, 1926, that I last saw her alive on March 21, 1926, and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. M. Rowney, M. D.

, 19 (Address) 1812 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/26 19 26

20 UNDERTAKER Henry W. Means & Son

ADDRESS 805 N. Calvert St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08802

CERTIFICATE OF DEATH.

10 1001 E 08802

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 862 Lemmon St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. JOE. Vuchuenas

(a) Residence No. 862 Lemmon St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
M	W	Married

5a-If married, widowed, or divorced WIFE of (or) HUSBAND of Mary

6-DATE OF BIRTH (month, day and year) April 15. 1884

7-AGE. 41 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Talor

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Lithvania

10-NAME OF FATHER, Vicktor Vuchuenas

11-BIRTHPLACE OF FATHER (city or town) Lithvania (State or Country),

12-MAIDEN NAME OF MOTHER, M. Metelis

13-BIRTHPLACE OF MOTHER (city or town) Lithvania (State or Country),

14- (Informant) J. Metelis

(Address) 862 Lemmon Street

15- Filed 6 1926 C. HAMPSON JONES, M. D. Registrar.

Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 23/26

17- I HEREBY CERTIFY, That I attended deceased from Mar. 15. 1926 to Mar. 23. 1926. that I last saw h.. alive on Mar. 23. 1926. and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) none.

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

3/24/26 (Signed) Jethro Toomey M. D. (Address) 888 N. Lemmond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	March 27. 1926

20-UNDERTAKER.	ADDRESS
John Grebliauckas J.G.	425 S Paca St.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08803

100-001

CERTIFICATE OF DEATH.

E 08803

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ - Hosp ST. 3-2 WARD)

2-FULL NAME Martha Makarenko

(a) RESIDENCE NO. 129 S Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 9. 1925

7 AGE 1 Years 2 Months 15 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Petr Makarenko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian

12 MAIDEN NAME OF MOTHER Mary Stasuk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian

14 Informant Mary Makarenko

(Address) 129 S. Spring Street

15 Filed 6 1926 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/23, 1926, to 3/24, 1926.

that I last saw her alive on 3/24, 1926,

and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex.

(Signed) Edw m. Kobuta M. D.

, 19 (Address) Med Dep Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 26. 1926

20 UNDERTAKER: John Grebliauckas — ADDRESS: 425 S PACA

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08804

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2015 Bryant Ave St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lucido.

(a) Residence No. 2015 Bryant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, Married, Widowed, or Divorced. (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 21-1926

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day. 7½ hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

10-NAME OF FATHER. John Lucido

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Virginia Shepherd

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14-(Informant) Virginia Lucido
(Address) 2015 Bryant Ave

Filed MAR 26 1926, 192 . Registrar. K K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22 1926

17- I HEREBY CERTIFY, That I attended deceased from March 21 1926 to March 22 1926 that I last saw h. l. alive on March 22 1926 and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Prematurity
(28 weeks gestation) -

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Morris Reese M. D.

March 23 1926 (Address) 12 York Court. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL. ..... 19 ..

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND
CITY OF MARYLAND

Spec.—1021—M&T—1500 Bks.

900 E 08805

HEALTH DEPARTMENT—CITY OF BALTIMORE

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH.

+ 161

E 08805

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Fisher

(a) RESIDENCE NO. Sutton, Colgate Creek, Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... NO

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John C. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Genevieve Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Regarde (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 26 1926 HARRY JONES, M. D. Registrar

For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 18th, 1926, to Mar 20th, 1926, that I last saw her alive on Mar. 20th, 1926, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) agw Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 08806

CERTIFICATE OF DEATH.

E 08806

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 124 S. Eden St. 3-1 Ward)

2-FULL NAME Mendel Smaller

(a) RESIDENCE NO. 124 S. Eden St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: m

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chera S. Smaller

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 68 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer): 010

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Jack Laurs

(Address): 1429 E. Baltimore St.

CHARLES JONES, M. D.

6 1926 19

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-25 1926

17

I HEREBY CERTIFY, That I attended deceased from June 4 1926, to March 25, 1926,

that I last saw him alive on March 25 1926,

and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Arteris Selerosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Emphysema

(duration) yrs. 2 mos. 21 ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Morris Hvaniz M.D.

, 19 (Address) 1707 E Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kehilath Jacob Road — Date of Burial: 3/26 19 26

20 UNDERTAKER: Jack Laurs — ADDRESS: 1429 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08807

CERTIFICATE OF DEATH.

11-001 E 08807

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2104 Baker St. 15-12 Ward)

2-FULL NAME Meyer Amofsky

(a) RESIDENCE NO. 2104 Baker St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? 5 yrs. 9 mos. 1 da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18/20

7 AGE: Years 5 | Months 9 | Days 8 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

10 NAME OF FATHER Charles Amofsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Handwerger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

PARENTS

14 Informant Mrs Sarah Amofsky

(Address) 2104 Baker St

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

MAR 26 1926 by R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1926, to March 26, 1926, that I last saw him alive on March 26, 1926 and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

a Meningitis

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary)

Lobar Pneumonia (duration) _____ yrs. _____ mos. 1 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Dwight Ephraim, M. D.

3/26, 1926 (Address) 1904 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 3/26, 1926

20 UNDERTAKER: Sol Simon & Bro — ADDRESS 1127 E Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

08808

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 08808

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 313 Scott St. 21-3 Ward)

2-FULL NAME Joseph H Abney

(a) RESIDENCE NO. 313 Scott St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 2-14-26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Joseph H Abney

11 BIRTHPLACE OF FATHER (city or town): St Marys Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Lelia Hardesty

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Joseph H Abney

(Address): 313 Scott St

15 Filed.....19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary): Bronchitis ac

(duration) 1 yrs. ....mos. ....ds.

(Signed) Hamilton Jones M. D.

(Coroner)

, 1926 (Address) 3325 Clifton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Mar 27 1926

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Mon Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08809

74-601

CERTIFICATE OF DEATH.

E 08809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Hollins ST. 19-1 WARD)

2-FULL NAME John A Leitz

(a) RESIDENCE No. 1604 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Leitz

6 DATE OF BIRTH (month, day, and year): Dec 6 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Police 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James H B Leitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ella A Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary A Leitz (Address) 1604 Hollins St

15 Filed APR 2 6 1926 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1926, to Mar 24, 1926, that I last saw him alive on Mar 24, 1926, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary): Pulmonary Edema (duration) yrs 0 mos 2 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Harry Glassman M. D.

Mar 25 1926 (Address) 1087 Druid Park Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: March 27 1926

20 UNDERTAKER: George J Smith

ADDRESS 153 Hollins

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 08810

CERTIFICATE OF DEATH

51E 08810

(PLACE OF DEATH) REGISTERED NO.

CITY OF BALTIMORE (No. 838 West Fayette St. 18th WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frederick Ebenezer Fooks

(Residence in Baltimore: No. 838 W. Fayette St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If rule the word): Married

6 DATE OF BIRTH: February 16th 1849 (Month) (Day) (Year)

7 AGE: 77 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Pittsville Wycomico Co. Md

PARENTS

10 NAME OF FATHER: Ebenezer H. Fooks

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Cathell

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter M. Fooks.
(Address) 838 W. Fayette St.

15 MAR 26 1926

C. HAMPSON JONES, M.D.
Per ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 25th, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14th 1926 to March 21 1926 that I saw him alive on March 21st 1926 and that death occurred, on the date stated above, at 8 p. m.
The CAUSE OF DEATH* was as follows:

Chronic Diabetes Mellitus

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Frances Wm. Hartley-Kellyer M. D.
March 25, 1926 (Address) 1204 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Mch 27 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 120 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 08811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002 E 08811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2227 St. Paul (St.) 17-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Clark

(a) RESIDENCE NO. 2227 St. Paul. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sarah C. Clark

6 DATE OF BIRTH (month, day, and year) Aug 22nd 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George Albert Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's, Md.

12 MAIDEN NAME OF MOTHER Mary Ann Cundiff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middlesex Co. Va.

14 Informant Mrs. Elsie Clark Long

(Address) 2227 St. Paul St

15 Filed Mar 26, 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Mar. 25, 1926, that I last saw him alive on Mar. 24, 1926, and that death occurred, on the date stated above, at 9 35 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Gustav H. Wolferstan, M. D.

Mar 25, 1926 (Address) 1120 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 29 1926

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08812

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 720 N Carrollton St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Virginia R Nine

(a) Residence No. 720 Carrollton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W

5-Single, ~~Married~~, Widowed, ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Eliz, Nine

6-DATE OF BIRTH (month, day and year) Nov 22-1848

7-AGE. 18 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. H. wife

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Bedford Pa.

10-NAME OF FATHER. Sidney Russell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bedford Pa

12-MAIDEN NAME OF MOTHER. Mary Helen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bedford Pa

14-(Informant) Mary L Tabb

(Address) 720 N Carrollton Ave

15-Filed APR 26 1926 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 25 1926

17- I HEREBY CERTIFY, That I attended deceased from April 2 1924 to March 25 1926

that I last saw her alive on March 24 1926

and that death occurred, on the date stated above, at 12 5 M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) 2 yrs. mos. ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George L. Zimmerman M. D.

9/25, 1926 (Address) 655 E Hanford Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Keyser West Virginia	March 27, 1926
20-UNDERTAKER. George J. Smith	ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

Cowley

E 08813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08813

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 32 South Carey St. St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aileen Cowley

(a) Residence No. 32 South Carey St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	SINGLE

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 9, 1924

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. 15 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore

(State or Country), Maryland

10-NAME OF FATHER, Everett S Cowley

11-BIRTHPLACE OF FATHER (city or town) Balto.

(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Gertrude Swinblake

13-BIRTHPLACE OF MOTHER (city or town) Balto.

(State or Country),

14- (Informant) Everett S Cowley

(Address) 32 South Carey St.

15- Date 2 6 1926, 19? H. [illegible], M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 24, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to Mar. 24, 1926, that I last saw h[illegible] alive on Mar. 24, 1926 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchmen, M. D.

, 19 (Address) 37 S. Stricker St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Loudon Park	March 26, 1926
20-UNDERTAKER	ADDRESS
Harry A. Wetzke	1531 W Lombard St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08814

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1820 W Pratt St. St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anna C. Kauffmann

(a) Residence No. 1820 W Pratt St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced (If married, widowed, or divorced) WIFE of Julius A Kauffmann

6-DATE OF BIRTH (month, day and year) Aug 8th 1857

7-AGE. 68 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer). none

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Amos Kruger.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Wilhelmina Burchardt.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14-Informant (Informant) Mrs. Jos. Kauffman

(Address) 1820 Pratt St

15-Filed ..... 19.. ..... Registrar.

2 6 1926 HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 24 1926

17- I HEREBY CERTIFY, That I attended deceased from March 16 1926 to March 24 1926

that I last saw h.. alive on March 24 1926

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

3/26, 1926 (Signed) [signature], M. D.

(Address) 311 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woods — DATE OF BURIAL, March 27 1926

20-UNDERTAKER. Harry A Wetzke — ADDRESS 1531 W Lombard St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08815

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Mura St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bruening

(a) RESIDENCE. No. 113 Mura St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Nellie Bruening

6 DATE OF BIRTH (month, day, and year) Oct 3 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Layer Out of Pipe

(b) General nature of industry, business, or establishment in which employed (or employer) Blue Print

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Saxe. Germ

10 NAME OF FATHER John Bruening

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Nellie L. Bruening

(Address) 213 Mura St

Filed MAR 26 1926 HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to March 23, 1926, that I last saw h[im] alive on March 22, 1926, and that death occurred, on the date stated above, at 8.05 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Louis Krause, M. D.

, 19 (Address) 330 S. Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cem — DATE OF BURIAL 3/26/26

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

RR

Spec.—1-1008—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1908 E 08816

CERTIFICATE OF DEATH.

59 E 08816

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wodnicki

(a) RESIDENCE NO. 2019 Bolt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 22. 1878

7 AGE: Years 47 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER Henry Inalbobra

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Flora Inalbobra

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAR 26 1926 C. HAMPSON JONES, M. D. Registrar

By KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 18th, 1926, to Mar 24th, 1926, that I last saw h[e] alive on Mar 24th, 1926, and that death occurred, on the date stated above, at 7 A.M. P. m.

The CAUSE OF DEATH* was as follows:

Adenoma of the Pituitary gland.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation for removal of adenoma (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-23-26

Was there an autopsy? Yes.

What test confirmed diagnosis? Observation

(Signed) Robt. J. Allison Jr. M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar. 27 1926

20 UNDERTAKER: Harry W. Ehlen — ADDRESS 1944 W. North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08817 E 08817

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital ST. 41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Marie Mason

(a) RESIDENCE NO. 746 W. Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? 50 yrs — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Alfred Mason

6 DATE OF BIRTH (month, day, and year): Oct 22nd 1859

7 AGE: Years 66 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 07
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER: John Chadderton

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Eastbourne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Son - Leonard Mason
(Address) 746 W. Baltimore St

Filed 2 6 1926, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/23, 1926, to 3/23, 1926; that I last saw her alive on 3/23, 1926, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) ? yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?: City

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Examination

(Signed) J. Theron Hunter M. D.

3/23 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL Mar 26 1926

20 UNDERTAKER: F. B. Wehrfurt ADDRESS 1850 W Baltimore

Spec.—12-9-25—A Co.—200 Bks.

St. Ritchie

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08818

90

E 08818

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2656 Wilkins Ave St., 10-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad J. Kapraun

(a) RESIDENCE NO. 2656 Wilkins Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 15 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christine A. Kapraun

6 DATE OF BIRTH (month, day, and year): Nov 9th 1881

7 AGE: Years 44 Months 4 Days 15 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): Confectionery

(c) Name of employer: Proprietor

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: Geo. J. Kapraun

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Barbara Schlemper

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md.

14 Informant: Christine A. Kapraun

(Address): 2656 Wilkins Ave

Filed MAR 26 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 24, 1926, that I last saw him alive on March 24, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

Endocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Norbert C. Fuhrer, M. D.

3/26 1926 (Address) 2951 Wilkins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 3/29 1926.

20 UNDERTAKER: J. B. Hepburt ADDRESS 1850 N. Gilmor St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 08819

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 Fayette St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Agnes Kopczyk

(a) Residence No. 1712 E. Fayette St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kopczyk

6-DATE OF BIRTH (month, day and year) 1880

7-AGE. 46 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant). Joseph Kopczyk

(Address) 1712 E Fayette St

15- Filed, 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3.25.26.

I HEREBY CERTIFY, That I attended deceased from March 22 1926 to March 25 1926

that I last saw her alive on March 24 1926

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harold A. Meyer M. D.

3/25, 1926 (Address) 103 N Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. 3/27 1926

UNDERTAKER. Mr Fairbourn

ADDRESS 618 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

1896 55

E 08820

HEALTH DEPARTMENT—CITY OF BALTIMORE

4-1 E 08820

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 4-2 ST. WARD)

2-FULL NAME John Meyers

(a) RESIDENCE NO. 421 State St ST., Balt WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Gentleman 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
42 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Sam Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5 1926 to March 24 1926 that I last saw him alive on March 24 1926, and that death occurred, on the date stated above, at 5-45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patient

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Louis C Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed 19 Registrar

C. HARRISON JONES, M. D.

MAR 26 1926

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Mrs R. A. Elliott

ADDRESS: 22 Eastern Ave

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08821

CERTIFICATE OF DEATH

31 E 08821

REGISTERED NO.

1-PLACE OF DEATH Christ Institution Hospital

CITY OF BALTIMORE: (No. 704 Eutaw St ST.) 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Shelton

(a) RESIDENCE NO. 1307 Harlem Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Shelton

6 DATE OF BIRTH (month, day, and year): Unknown 1898

7 AGE: Years 28; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Savanah Ga

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): James Shelton 1307 Harlem Ave.

Filed MAR 26 1926. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22 '26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20 – 1926. to March 22. 1926.

that I last saw her alive on March 22 – 1926.

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Asthma + Chronic Interstitial Nephritis

(duration) yrs. 7 mos. 13 ds.

18 Where was disease contracted if not at place of death? Balto Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically (–)

(Signed) Dr. L. W. Kennard M. D.

3-22-1926 (Address) 706 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savanah Ga.

DATE OF BURIAL: Mar 26 1926

20 UNDERTAKER: Mrs R. A. Elliott

ADDRESS: 1727 Pinkland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 08822 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08822

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 8-3 WARD) 100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Robertson

(a) RESIDENCE NO. 2115 Keyser ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 44 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis, Md.

PARENTS

10 NAME OF FATHER: Abe. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna Lyles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1925, to March 24, 1926, that I last saw h[illegible] alive on March 24, 1926, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Obesity; Arteriosclerosis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

3/25, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Baltimore City Hospitals Records

15 Filed [illegible] 19 [illegible] C. HARRISON JONES, M. D. Registrar

261925

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery

DATE OF BURIAL: march 28 1926

20 UNDERTAKER: Edward Bryan

ADDRESS: 1691 orleans st

Spec.—1-10-21—M&T—1500 Blks.

Pitts

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08823

CERTIFICATE OF DEATH.

38

E 08823

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alonzo Pitts

(a) RESIDENCE No. Clan Balto, Md St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of cora Pitts

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE 44 Years Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant cora Pitts

(Address) Chases Md

15 Filed 26 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 23 19 26

17

I HEREBY CERTIFY, That I attended deceased from 2 6, 1926, to 3-23, 19 26,

that I last saw h alive on 3-23, 1926,

and that death occurred, on the date stated above, at 1:20 p. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) E. F. Bogard M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chases Md

DATE OF BURIAL March 27 1926

20 UNDERTAKER Edward Bryan

ADDRESS 691 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08824

CERTIFICATE OF DEATH.

E 08824

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 319 S. Spring St. (Ward) 3-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dollie May Green

(a) RESIDENCE NO. 319 S. Spring St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17-1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Sparrows Pt. Md.

PARENTS

10 NAME OF FATHER Christopher Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hester Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hester Green

(Address) 319 S. Spring St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to March 23, 1926,

that I last saw her alive on March 23, 1926,

and that death occurred, on the date stated above, at 6 20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical sign

(Signed) M. N. Guilemon, M. D.

March 25 1926 (Address) 221 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Mar 26 1926

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Carolina St.

C. WARREN JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08825

101-001

E 08825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Lefer

(a) RESIDENCE NO. 212 Calapoden St. Westport WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~write the~~ word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Reese

6 DATE OF BIRTH (month, day, and year): August 15, 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
70	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: 30 years

9 BIRTHPLACE (city or town) (State or country): Carlisle Pa.

10 NAME OF FATHER: Aquila Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

Informant: Mr. Aquila Reese

(Address) 212 Calapoden St Westport

Filed 2 D 1926, 19 C. HARRY JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-27-1926

17

I HEREBY CERTIFY, That I attended deceased from 3-25, 19 26, to 3-27, 19 26,

that I last saw him alive on 3-24, 19 26,

and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Borgardt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Md. Ave Westport

Spec.—1-10-21—M&T—1500 Blks.

E 08826

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 E 08826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital (STREET OR AVENUE) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wickman,

(a) RESIDENCE NO. 3922 Fait Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Herman Wickman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Frances Wieber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

PARENTS

Informant M. Herman Wickman

(Address) 3922 Fait Ave.

Filed 6 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25th 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 16th, 1926. to March 25th 1926.

that I last saw him alive on March 24th 1926

and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Emphysema, Left Chest.

(duration) yrs. mos 10 days

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. days

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of March 16th 1926.

Was there an autopsy? Yes. Laparotomy for Empyema.

What test confirmed diagnosis? Clinical Findings.

(Signed) B. W. Rhodes M. D.

, 19 (Address) St. Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Mar 27 1926

20 UNDERTAKER Nelson E. Stiles

ADDRESS 231 Md. Ave Westport

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08827

CERTIFICATE OF DEATH.

38E 08827

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 730 Peppers St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Statich

(a) RESIDENCE NO. 730 Peppers St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Wm Statich

6 DATE OF BIRTH (month, day, and year): Jan 15th 1900

7 AGE — Years: 26 — Months: 2 — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) (?)

12 MAIDEN NAME OF MOTHER Mary Rich

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country) Md.

14 Informant: Ida Keyser

(Address) 730 Peppers St.

15 Filed 3 26 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 22 1926, to Mar 27, 1926, that I last saw h.e alive on Mar 27, 1926 and that death occurred, on the date stated above, at 4.05 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Lues

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (?)

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D T Carroll M. D.

3/27 1926 (Address) 36 W Hill st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — Date of Burial: March 26 1926

20 UNDERTAKER: R L Parham — ADDRESS: 904 Fredenhall st

Spec.–1-10-21–M&T–1500 Blks.

E 08828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 08828

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asy (WARD) 23

2-FULL NAME Maria J. Clark.

(a) RESIDENCE No. 809 S. Clinton Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872.

7 AGE: Years 54 year; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm C. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records. Baltimore City Hospitals.

15 C. HAMPSON JONES, M. D. Registrar

MAR 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 26 1926, to March 24 1926, that I last saw her alive on March 24, 1926 and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Uterus & recto. Uremic fatal.

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Unknown.

Was there an autopsy? No.

What was confirmed diagnosis? Clinical + Lab Tests

(Signed) Dr. P. Clark Jr. M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Mch 29 26

20 UNDERTAKER: Lilly and Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 08829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 08829

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Canary Ct., ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARTHA PYZDROWSKA,

(a) RESIDENCE NO. 2214 Canary Ct., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White,

5 Single, Married, Widowed, or Divorced, (write the word): Married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Saverian Pyzdrowski,

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife,

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland,

PARENTS

10 NAME OF FATHER: Ludwik Koslowski,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland,

12 MAIDEN NAME OF MOTHER: Michaline --------

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Saverian Pyzdrowski,

(Address): 2214 Canary Ct.,

15 [illegible] Registrar

MAR 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 19 26 to March 24, 19 26, that I last saw her alive on March 24, 19 26, and that death occurred, on the date stated above, at 8:50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Carcinoma Breast

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of July - 1925

Was there an autopsy? No

What test confirmed diagnosis? P. M. A. S.

(Signed) John V. Dzierzbicki M. D.

, 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery

DATE OF BURIAL: March 28/26.

20 UNDERTAKER: W. F. Sadowski.

ADDRESS: 705 S. Ann st

Spec.—1-10-21—M&T—1500 Blks.

E 08830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08830

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hosp. Bal.

CITY OF BALTIMORE: (No. Caroline & Oliver - St. 4-7 WARD)

2-FULL NAME Dennis Snowden

(a) RESIDENCE NO. West Friendship Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Widowed -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1857

7 AGE: 69 Years 68 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer, O&O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records
(Address)

Filed MAR 26 1926 19 C. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 26, 1926, that I last saw h[illegible] alive on March 26, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH*, was as follows:

Chronic Nephritis with edema.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cer. Myocarditis

(duration) yrs. mos. ds. Pulmonary edema

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no - Clinical

What test confirmed diagnosis?

(Signed) H. R. McConnell, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Lebely - Cem

DATE OF BURIAL: Mar 28 19 26

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08831

CERTIFICATE OF DEATH.

23 E 08831

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerald Dempsey

(a) RESIDENCE NO. 2929 Winchester St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 23, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City of Baltimore

PARENTS

10 NAME OF FATHER John C. Dempsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Anna Giles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John C Dempsey

(Address) 2929 Winchester St

Filed 2 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-22, 1926, to 3-25, 1926,

that I last saw him alive on 3-25, 1926,

and that death occurred, on the date stated above, at 6 50 P m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Eugene Kelly M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL March 27 1926

20 UNDERTAKER H. C. Brannings Son — ADDRESS 517 N Schroeder

Spec.—1-10-21—M&T—1500 Bks.

Clara D Rackensperger

E 08832

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 08832

1-PLACE OF DEATH Franklin Sq Hosp 9-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., WARD)

2-FULL NAME Clara D. Rackensperger

(a) RESIDENCE NO. 618 E 30 St.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(H~~USBAND~~) of
(or) WIFE of John F Rackensperger

6 DATE OF BIRTH (month, day, and year) May 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Philip Friedel

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Meyer

13 BIRTHPLACE OF MOTHER (city or town) N Y
(State or country)

14 Informant Mr John F Rackensperger

(Address) 618 E 30th St

15 Filed 3-26 1926 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1926

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to March 25, 1926,

that I last saw her alive on March 25, 1926,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death? Not

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab

(Signed) Louis Cullen M.D.

March 29, 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL March 29 1926

20 UNDERTAKER Henry Hoen & Son ADDRESS 1201 E Eager

Spec.—1-10-21—M&T—1500 Bks.

E 08833

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 08833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 N. Fulton Ave (St.) 20-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mitchell

(a) RESIDENCE NO. 201 W. Fulton Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1856

7 AGE: Years 70 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa.

PARENTS

10 NAME OF FATHER John Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Mary Beatty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John Mitchell (Address) 2628 E. 72 St Mt Wilson

15 [illegible] MAR 26 1926 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 20, 1926, to Mch 25, 1926, that I last saw her alive on Mch 24, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

— Bronchopneumonia —

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Brumandstead, M. D.

3/25, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lawnd[illegible] Delaware Co. Pa

DATE OF BURIAL 3/29 1926

UNDERTAKER Chas P. Crowe & Son ADDRESS 1180 W. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 08834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08834

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Mc Gorney

(a) RESIDENCE NO. St Mary's Industrial School WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 29-1910

7 AGE: Years 16 Months 1 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Va

PARENTS

10 NAME OF FATHER: Collins R. Mc Gorney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Margaret Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

4 Informant: Brother Benjamin (Address) St Marys Ind School

5 Filed 2 6 1926, 19 — EDWIN JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-24, 1926, to 3-25, 1926,

that I last saw him alive on 3-25, 1926,

and that death occurred, on the date stated above, at 6 13 P m.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis
Streptococcus.

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Francis T. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Huntington W. Va

DATE OF BURIAL: 3/26 1926

20 UNDERTAKER: Chas P. Mauck & Son

ADDRESS: 118 North Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08835

CERTIFICATE OF DEATH.

31 E 08835

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 N. Vincent St. (16-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilmer Lampson

(a) RESIDENCE NO. 924 N. Vincent St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Lampson.

6 DATE OF BIRTH (month, day, and year): Sept. 6, 1900

7 AGE: Years 26 Months 6 Days 18 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work: Day laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Geo Lampson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Annie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Nellie Lampson 924 N. Vincent

15 Filed ... 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 19th, 1926, to Mar 24th, 1926, that I last saw him alive on Mar 24, 1926 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 3 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Smith, M. D.

Mar 25th 1926 (Address) North Ave Dispensary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar. 27, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Form 1 10-21 M&T 1500 Blks.

08836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08836

CERTIFICATE OF DEATH.

41

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Orleans) X ST. 9-4 WARD)

2-FULL NAME William E. Luther.

(a) RESIDENCE No. 728 E 21st, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Luther

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Penna. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Christopher Luther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Anna Luther

(Address) 728 E. 21st Street

Filed 3-26 1926 H. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/23, 1926 to 3/25, 1926,

that I last saw h alive on 3/25, 1926,

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Infection of Upper Lip - (Staphylococci)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Toxemia & Sepsis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clarence E. Manner, M. D.

Mar 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 27, 26

20 UNDERTAKER Jos B. Cook

ADDRESS 1003 N Ballo St

Spec.—1-12-23—M&T—500 Bks.

E 08837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08837

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Bayard and Dukeland ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick W. Poke

(a) RESIDENCE NO. 1139 Scott ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara E. Poke

6 DATE OF BIRTH (month, day, and year): May 8. 1875

7 AGE — Years: 50 — Months: 10 — Days: 18 — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt

(b) General nature of industry, business, or establishment in which employed (or employer): American Wholesale Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Frederick Poke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaretta Riesen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Clara E. Poke 1139 Scott St.

Filed 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/11/26, 19 26, to 3/26, 19 26,

that I last saw h[illegible] alive on 3/26, 19 26,

and that death occurred, on the date stated above, at 6.00 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Papilloma of bladder (Malignant)

(duration) 2 yrs. mos ds

CONTRIBUTORY (Secondary): Acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 3-12-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber, M. D.

, 19 (Address) W. B. & H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Mar 29, 19 26

20 UNDERTAKER: Mrs. Mrs. John H. Teufel & Son — ADDRESS: 801 W Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

08838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001 E 08838

1-PLACE OF DEATH University Hospital 23-1 Registered No.

City of BALTIMORE: (No. Lombard & Greene Sts. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Beesinger

(a) Residence No. 33 W. West St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4½ hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 25, 1926

7-AGE. yrs. mos. ds. If LESS than 1 day, 4½ hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

10-NAME OF FATHER. Leroy Beesinger

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Md.

12-MAIDEN NAME OF MOTHER. Margaret Ricks

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country) Md.

14-(Informant) Leroy Beesinger

(Address) 33 W. West St.

MAR 26 1926

HARRISON JONES, M.D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25, 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar. 25 1926 to Mar 25 1926

that I last saw h[illegible] alive on Mar. 25 1926

and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. 4½ hrs

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? 33 W. West St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D

3/25, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park DATE OF BURIAL. Mar 27, 1926.

20-UNDERTAKER. Mrs. Mrs. J. W. Tempel & Son ADDRESS 801 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08839

CERTIFICATE OF DEATH.

92 E 08839

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 N. Carolina ST., 9-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Penna.

2-FULL NAME Sarah F. Garlach.

(a) RESIDENCE NO. 716 N. Carolina ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fmale	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late J. William Garlach.

6 DATE OF BIRTH (month, day, and year) June 4/ 8 53

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fairfield Pa.

10 NAME OF FATHER Rudolph Rasche.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Susan Frankel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

PARENTS

Informant Henry R. Garlach.

(Address) Pittsburg Pa

Filed 1926 C. HAMPSON JONES, M. D. Registrar

26 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to March 24, 1926, that I last saw him alive on March 24, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Thrombosis of the Coronary artery

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N.V. Date of

Was there an autopsy? N.V.

What test confirmed diagnosis?

(Signed) John W. Anderson, M. D.

(Address) 1714 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evergreen Cemetery Hyattsburg	March 1926
20 UNDERTAKER	ADDRESS
George L. Ruth	1730 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

E 08840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08840

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1908 Biggs Ave. ST. 16 WARD)

2-FULL NAME Georgie Virginia Barbour

(a) RESIDENCE NO. 1908 Biggs Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) 8/3 1925

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs or .....min.
		7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George J Barbour

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna M. Russo

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant George J Barbour (Address) 1908 Biggs Ave.

Filed MAR 26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1926, to March 25, 1926, that I last saw h[illegible] alive on March 25, 1926, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(duration) 7 days

(b) Measles

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 501 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL March 26, 1926

20 UNDERTAKER J. Edward H. Funk — ADDRESS 1625 N. Fulton Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08841 E 08841

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 518 W. Pratt St. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Willis

(a) RESIDENCE. No. 518 W Pratt St. ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Willis

6 DATE OF BIRTH (month, day, and year) June 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ida Willis

(Address) 518 W Pratt St

Filed MAR 26 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to March 24, 1926, that I last saw him alive on March 24, 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ,

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles W. Parker, M. D.

March 25 1926 (Address) 712 E. Pratt Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3-27 1926
20 UNDERTAKER John H Scudieri	ADDRESS 1027 Hanover

Spec.—1-10-21—M&T—1500 Blks.

E 08842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08842

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 E. Preston ST., 11-1 WARD)

2-FULL NAME Charles W. Hatter

(a) RESIDENCE NO. 36 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary S.C. Hatter

6 DATE OF BIRTH (month, day, and year) Oct 21st 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	58	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Charles W. Hatter Sr

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Elizabeth Porter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Anna V. Hatter (Address) 616 Fremont Ave

15 61926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1925 to March 25 1926.

that I last saw alive on March 25 1926.

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart Disease (duration) 10 yrs mos ds.

CONTRIBUTORY (Secondary) Cystic Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Heck M. D.

3/25 1926 (Address) 936 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL March 27th 1926

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08843

161-901 E 08843

CERTIFICATE OF DEATH.

17-1

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 111 Druid Hill Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby McClees

(a) Residence No. 111 Druid Hill ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, black

5-Single, Married, Widowed, or Divorced (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3-21-26

7-AGE. ..... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER Lonnie McClees

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Charity Baines

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Charity McClees

(Address) 111 Druid Hill Ave

15- Mar 6 1926, 192... C. HAMPSON JONES, M. D. Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-23-26

17- I HEREBY CERTIFY, That I attended deceased from 3-21 ..... 19 26 to 3-23 ..... 19 26

that I last saw h..... alive on ..... 19 .....

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) M. Alexander Hovey M. D.

, 19 (Address) 2357 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ... 19 .....

20-UNDERTAKER, Commissioner Health ADDRESS

MAR 26 1926

0241

Per Wm. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08844

E 08844

CERTIFICATE OF DEATH.

100-001

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 S Paca St., 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ann Selby

(a) Residence No. 1004 S Paca St., 3rd Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James Selby

6-DATE OF BIRTH (month, day and year) Dec 27-1832

7-AGE 93 9 29 If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HW

(b) General nature of Industry, business, or establishment in which employed (or employer) Ods

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (city or town) (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER, [illegible]

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), [illegible]

14- (Informant) Harvey D Selby

(Address) 1004 S Paca St

15- Filed 1926, 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25-26

17- I HEREBY CERTIFY, That I attended deceased from March 25 19 26 to March 25 19 26

that I last saw her alive on March 24 19 26

and that death occurred, on the date stated above, at 5.30 a m

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 15 yrs.

18-Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John G Schwerin M D

(Address) 1 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet	27th Hockley 19....

20-UNDERTAKER.	ADDRESS
James F Hagman	1000 S Paca St

RR#

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08845

CERTIFICATE OF DEATH.

161-001

E 08845

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 E 36th St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miscarriage - Johnson

(a) RESIDENCE NO. 627 E 36th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 25 - 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or 1 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Frederick Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Eva Orzulak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant

(Address)

Filed 6 1926, 19

G. THOMPSON JONES, M. D.
Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25 1926

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to March 25, 1926,

that I last saw h... alive on 25, 1926,

and that death occurred, on the date stated above, at 12.30 P. M.

The CAUSE OF DEATH* was as follows:

Miscarriage

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY
(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Signs & symptoms

(Signed) Jno A Dunbaugh, M. D.

, 19 (Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

City of Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08846

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 755 W Saratoga St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Thomas Booker Little

(a) Residence No. 755 W Saratoga St., Ward Wadesboro N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 4 mos 13 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Emma Little

6-DATE OF BIRTH (month, day and year) 1866

7-AGE 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer)... 086

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Marion N.C.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Don't Know

14-

(Informant) Emma Little

(Address) 755 W Saratoga St

15-

Filed 6 1926 C. HARPSON JONES, M. D. Registrar.

Per R.R.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-24-26

17- I HEREBY CERTIFY, That I attended deceased from 3-23, 1926, to 3-24, 1926.

that I last saw him alive on 3-23, 1926

and that death occurred, on the date stated above, at 10:20 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-Pneumonia

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Jackson, M. D.

3 pm. 1926 (Address) 806 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Wadesboro N C — DATE OF BURIAL, 3/28 1926

20-UNDERTAKER, Daniel Eastes — ADDRESS 916 Pacific

Spec.—12-9-25—A Co.—200 Bks.

E 08847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 08847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1515 Winchester St. 16-6 Ward)

2-FULL NAME Josiah Trent

(a) RESIDENCE NO. 1515 Winchester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: col

5 Single, Married, Widowed, or Divorced: (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE: 48 Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

41

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town): Not Known

(State or country)

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town): Not Known

(State or country)

14 Informant: Isabella Trent

(Address) 1515 Winchester St

15 Filed 1926 C. HARPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 25 19 26

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1926, to Mar 25, 1926

that I last saw h[illegible] alive on Mar 24, 1926

and that death occurred, on the date stated above, at [illegible] p. m.

The CAUSE OF DEATH* was as follows:

Ac. Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) C. Harpson Jones, M. D.

(Address) 1515 Winchester

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Carlin — Date of Burial 3/27 1926

20 UNDERTAKER: Samuel Easton — ADDRESS 916 Pacific

Spec.—1-10-21—M&T—1500 Bks.

E 08848 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08848

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (10 T 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Williams

(a) RESIDENCE No. 834 Sterling st. ST., WARD

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Williams

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Oscar Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1926, to March 24, 1926, that I last saw him alive on March 24, 1926, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal pulmonary hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane Jr M. D.

3-25-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL March 29, 26

20 UNDERTAKER Jos. J. H. Rochester ADDRESS 1443 Jefferson st

Spec. 1-10-21 M&T 1500 Bks.

E 08849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08849

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124 W Clement ST., 23 WARD)

2-FULL NAME Mary L. Mitterling

(a) RESIDENCE NO 124 W Clement ST. 23 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs 3 mos 18 ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Mitterling

6 DATE OF BIRTH (month, day, and year) Dec 4 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas A Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E. Koppleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Henry Mitterling
(Address) 124 W Clement

15 Filed ..., 19 .. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Mar 23 1926

that I last saw h[illegible]ive on Mar 20 1926

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Ephaustion

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. B. Campbell M.D.

Mar 24 1926 (Address) 1644 Harlem St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Mar 27 1926
20 UNDERTAKER	ADDRESS
E. Schlosman & Son	Lanvale & [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 08850 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08850

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 Reed St ST., 9-4 WARD)

REGISTERED NO. 10020

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hortense Bundy

(a) RESIDENCE NO. 2716 Reed ST ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ---

6 DATE OF BIRTH (month, day, and year): Dec 17 1925

7 AGE: Years | Months: 3 | Days: 9 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thomas Bundy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Teresa Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Jr H. Norton

(Address) 2716 Reed St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to March 26, 1926, that I last saw h[illegible] alive on March 25, 1926, and that death occurred, on the date stated above, at 1/2 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns, M. D.

3-26-26, 19 (Address) 201 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3/27 1926

20 UNDERTAKER: Jos. H. Skinner

ADDRESS: 1625 E. Mad st

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 08851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 S Third (St.) 26-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen D Lentz

(a) RESIDENCE. NO. 318 S Third St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? 3 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19th 1922

7 AGE — Years: 3 — Months: 6 — Days: 8 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER John Lentz

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER Helen Yungling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant Mr John Lentz

(Address) 318 S 3rd St

Filed ... 19... C. HARRISON JONES, M. D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26/26

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 26, 1926, that I last saw h[er] alive on March 26, 1926, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebro Spinal Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. E. Smyth, M. D.

3/26 1926 (Address) 910 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2000 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

08852

CERTIFICATE OF DEATH.

E 08852

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 E Pratt St. 3-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Marie Lepre

(a) RESIDENCE NO. 916 E Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salt Lake City

(State or country)

PARENTS

10 NAME OF FATHER Anthony Lepre

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Elmira Norgay

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt Lake City

14 Informant Elmira Lepre

(Address) 916 E Pratt St

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.B.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) and Convulsions

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hanlon M. D.

(Coroner)

3/26. 1926 (Address) 702 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Date of Burial Mar 29 1926

20 UNDERTAKER Wendell Dippel ADDRESS 37 N

E 08853 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08853

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5243 Reisterstown Rd. 27-24 Ward) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles P. Liebaugh

(Residence in Baltimore: No. 5243 Reisterstown Rd. St., 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) Unknown (Day) 1849 (Year)

7-AGE. 77 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Liebaugh

(Address) 5243 Reisterstown Rd.

15- FEB 1926 C. HAMPSON JONES, M. D.

Per 192 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 25th (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] (Coroner) M. D.

Jan 26 1926 (Address) 263 N. Carlton

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudan Park. DATE OF BURIAL. March 27 1926

20-UNDERTAKER. Martin Baker & Sons ADDRESS 1527 W North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08854

CERTIFICATE OF DEATH.

12 E 08854

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen'l Hosp. ST., 11-2 WARD)

2-FULL NAME Clara E. Fornell

(a) RESIDENCE NO. 825 Madison Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White ~~Single, Married,~~ Widowed, or ~~Divorced, (write the word)~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William A Fornell Dec-28-1953

6 DATE OF BIRTH (month, day, and year) Dec 28 1853

7 AGE Years 72 Months 2 Days 28 If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robert Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Cornelia Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Clara E. Fornell

(Address) 825 Madison Ave.

15 Filed ..... 19 ..... G. HARPSON JONES, M. D. Registrar

Per .....

G 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/23 . 1926 . to 3/26 . 1926 .

that I last saw her alive on 3/26 . 1926 .

and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Myocarditis

decompensation, Arteriosclerosis

Duration ..... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Decompensated heart, auricular fibrillation

Duration ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo A Fornell M. D.

, 19 (Address) 825 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL March 29 1926

20 UNDERTAKER Wm. Cook

ADDRESS 512 E Madison

Spec.—1-10-21—M&T—1500 Bks.

E 08855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08855

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Falls Road Terrace ST. 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Loughran

(a) RESIDENCE NO. 915 Falls Rd Terrace ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J Loughran

6 DATE OF BIRTH (month, day, and year) June 28, 1889

7 AGE Years	Months	Days	11 LESS than 1 day, hrs. or min.
36	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo Henry Brubaker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Mary J Yaskel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Mrs. Mary Brubaker.

(Address) 915 Falls Rd Terrace

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26/26

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1926, to March 25, 1926.

that I last saw h alive on March 25, 1926.

and that death occurred, on the date stated above, at 9 05 a m.

The CAUSE OF DEATH* was as follows

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Donally M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hazleton, Penna

DATE OF BURIAL Mar 27 1926

20 UNDERTAKER Wm. Clark

ADDRESS 532 E North Ave

Cor.—12-23—M&T—100 Bks.

E 08856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08856

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 S. Calhoun ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Keyser

(a) RESIDENCE NO. 2 S. S Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Keyser

6 DATE OF BIRTH (month, day, and year) Oct 29-1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Sugar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Laura Keyser

(Address) 1522 Lakeside Ave

Filed ..... 192.....

Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) At once yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yr. mos. ds.

(Signed) Thos B. Horton, M. D.

3/25th, 192 (Address) Curtis Bay (Coroner.)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional rules.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	3-27-1926
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun & Fulton Sts

Cor.—1-12-23—M&T—100 Bks.

E 08857 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08857

CERTIFICATE OF DEATH.

90

REGISTERED NO. 3

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

• 1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 627 W Fayette ST., 4-1 WARD)

2-FULL NAME Curtis Trehearne

(a) RESIDENCE NO. 627 W Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Trehearne

6 DATE OF BIRTH (month, day, and year) Mar. 4/63

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63		22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Drug clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Dorsey Drug Store

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Va

10 NAME OF FATHER Litt Trehearne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Va

12 MAIDEN NAME OF MOTHER Ann Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Va

PARENTS

14 Informant Mary Trehearne
(Address) 627 W Fayette St

15 Filed ....., 192.... Registrar

1926 C. Harry W. Jones, M.D. Coroner

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Cardiac hypertrophy
Senility
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility
yrs. mos. ds.

(Signed) Walter S. Brushes, M. D.
(Coroner.)

3/26, 1926 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 3/29 1926

ADDRESS Cor Calhoun Hollins

ROBERT BROOKS & SON
FUNERAL DIRECTORS & EMBALMERS

Spec.—1-12-23—M&T—500 Bks.

E 08858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08858

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Wilkins ave St. 19-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine L. Lett

(a) RESIDENCE No. 1825 Wilkins ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 18: 1864

7 AGE: 61 — Years: 62 — Months: 3 — Days: 7 — If LESS than 1 day, ... hrs. or ..... min.: 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Howard Co Md

10 NAME OF FATHER: Otho Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard co Md

12 MAIDEN NAME OF MOTHER: annie Washington Hipsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant (Address): C E Lett 1825 Wilkins ave

Filed 1926 19 C. HARPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3.25 1926

17 I HEREBY CERTIFY, That I attended deceased from 3.10 , 1926 , to 3.25 , 1926 , that I last saw h alive on 3.26 , 1926 and that death occurred, on the date stated above, at 11.25 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Lehnert, M. D.

3-27 1926 (Address) 211 N. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: IVY HILL CEM LAUREL MD

DATE OF BURIAL: 3/28 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS Cor CALHOUN HOLLINS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08859 E 08859

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Dillon ST. 165 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank J. W. Dieteman

(a) RESIDENCE No. 3418 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Dieteman

6 DATE OF BIRTH (month, day, and year) Feb. 23-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger 8b

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George Dieteman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Gingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Dieteman

(Address) 3410 Dillon St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1925 to March 24 1926,

that I last saw him alive on March 24 1926,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oesophageal Metastasis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1924

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Frank A. Glenn, M. D.

3/ , 1926 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery DATE OF BURIAL March 28 1926

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eagu

Spec. 40-21—M&T—1500 Bks.

(Niemitz)

HEALTH DEPARTMENT—CITY OF BALTIMORE E 08860

E 08860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 16-5 WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Niemitz

(a) RESIDENCE NO. 912 (Gilbert) E. First ST., WARD D.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhelmina Niemitz

6 DATE OF BIRTH (month, day, and year): June 11-1862

7 AGE: Years 63 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Niemitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Sarenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Johns Hopkins Hospital Records

7 1926 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 25th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1926, to Mar 25th, 1926, that I last saw h alive on Mar 25th, 1926, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-18-26

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Section

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery

DATE OF BURIAL: Mch 27 1926

20 UNDERTAKER: Zickler & Zickler

ADDRESS: 1739 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

E 08861 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08861

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N Charles ST. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Randolph

(a) RESIDENCE NO. 1017 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~

4 COLOR OR RACE: White

5 ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Anna Randolph

6 DATE OF BIRTH (month, day, and year): June 29 1856

7 AGE: Years 69 Months Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Vice President

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norwalk Ohio

PARENTS

10 NAME OF FATHER: John F Randolph

11 BIRTHPLACE OF FATHER (city or town) Norwalk (State or country) Ohio

12 MAIDEN NAME OF MOTHER: H R Sweetland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Francis Randolph (Address): New York

15 1926 C. HAMPSON JONES, M. D. Registrar

Per ARP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 25th (6 am), 1926, to March 25th (5 PM) 1926, that I last saw him alive on March 25th, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (with acute decompensation & Pulmonary Congestion)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. F. Lockwood M. D.

3/26 1926 (Address) 8 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: March 27 26

20 UNDERTAKER: Henry W Jenkins Sons & Co — ADDRESS: Cathedral & Mt Vernon Pl

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08862

11-001 E 08862

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 W Lee St. 27-1 Ward)

2-FULL NAME Queen Esther Byrd

(a) RESIDENCE NO. 507 W Lee St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) April 27 1914

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11 yr	11	1 27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 040

(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Fairfield S C

10 NAME OF FATHER Chas Byrd

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S C

12 MAIDEN NAME OF MOTHER Ellen Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S C

Informant Chas Byrd

(Address) 507 W Lee St

1926 ___ 19 C. HAMPSON JONES, M. D.

Per ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 2 19 26 to March 24 19 26

that I last saw her alive on March 23 19 26

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ___ yrs. ___ mos. 18 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ___ yrs. ___ mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCaul M. D.

3/25 19 26 (Address) 2008 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct — Date of Burial: March 19

20 UNDERTAKER: J E Brown & Son — ADDRESS: W Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08863 E 08863

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1616 John St. ST. 14th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence J Hickman.

(a) RESIDENCE NO. 1616 John ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Aug 26-1896.

7 AGE — Years: 29. Months: 7. Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Geo T. Hickman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sallie Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Owen E Hickman

(Address): 716 Main St Glenburnie Md

15 1926 C. HARRISON JONES, M. D. Registrar

P. RR — R R A — Co. — Owen E Hickman

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 21, 1926, to March 27, 1926, that I last saw him alive on March 26, 1926 and that death occurred, on the date stated above at 6 a m.

The CAUSE OF DEATH* was as follows:

Cold

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. M. Lamperin, M. D.

, 19 (Address) 826 N Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumfield Md. DATE OF BURIAL: Mar 27 1926

20 UNDERTAKER: Wm Cook ADDRESS: 501 E Hatcher

Spec.—1-10-21—M&T—1500 Bks.

E 08864 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08864

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 Poultney St. (St.) 23-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bowers.

(a) RESIDENCE NO. 10 Poultney St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 24, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Killian Bowers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Johanna Hillen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Mrs. George H. Behrens. (sister) 10 Poultney St.

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26th 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 17th, 1926, to March 26th, 1926, that I last saw him alive on March 25th, 1926, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute articular Rheumatism.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M Steinhardt, M. D.

3/26, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL 3/29 1926

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1425 Eight

Spec.—1-12-23—M&T—500 Blks.

E 08865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 E. Preston ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Justina Hall

(a) RESIDENCE NO. 1006 E. Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J. Hall

6 DATE OF BIRTH (month, day, and year) July 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Phillip Bandel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Armenta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Ida B. Hall

(Address) 1006 E. Preston

19 1926 CHAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 18. 1926. to Mar. 25. 1926. that I last saw her alive on March 24. 1926 and that death occurred, on the date stated above, at 9.10 A.m.

The CAUSE OF DEATH* was as follows:

Arthritis deformans

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. E. Hall Jones M. D.

3/26. 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL 3/27/1926

20 UNDERTAKER Phillip Herwig

ADDRESS 2016 Orleans

Cor.—1-12-23—M&T—100 Bks.

E 08866

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

188 E 08866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Murphy

(a) RESIDENCE No Cleveland Ohio. ST., WARD

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	------		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler on S/S Osceola.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Police Report.

(Address) Southern District.

Filed 1926 192 C. HARPSON JONES, M. Registrar.

Per Rec'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Leg crushed by a car of B.& O.R.R.Co. at Pier No.5 Locust Point. Umputation of left leg. Shock. Occidental death

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

March 26, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Pier No.5 Locust Point March 23, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A.Co. Cemetery DATE OF BURIAL March 27 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08867 E 08867

CERTIFICATE OF DEATH.

100-09

REGISTERED NO. 19-1

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 242 N. Bruce ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Annet Henderson

(a) RESIDENCE. No. 242 N. Bruce ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Frank Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Ella R. Wooden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Frank Henderson
(Address) 242 N. Bruce St.

Filed 3-29 1926 C. HARPSON JONES, M. D. Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1926, to March 25, 1926, that I last saw h[illegible] alive on March 25, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial-Pneumonia
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L. Harper, M. D.

3/24, 1926 (Address) 862 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mountain Lawn	3-29 1926
20 UNDERTAKER Joseph A Lively	ADDRESS 151 Winter ave

Spec.—1-10-21—M&T—1500 Blks.

E 08868

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 58 E 08868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. N. Broadway ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Willie Swift

(a) RESIDENCE NO. Lake, Virginia ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ignatius Swift

6 DATE OF BIRTH (month, day, and year): Aug 4 1873

7 AGE: Years 52 Months 7 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Thomas H Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Hayden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mr. Ignatius Swift - Lake Va.

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1926 to Mar. 25, 1926

that I last saw her alive on March 24, 1926

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. Smith, M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lake, Northumberland Co. DATE OF BURIAL: Mch 27 26

20 UNDERTAKER: Hughes & Gore Inc 4 N Broadway ADDRESS

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08869

08869

CERTIFICATE OF DEATH.

129 C

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1246 Mash Blvd ST. 21-2 WARD)

2-FULL NAME Ida B Crawford

(a) RESIDENCE NO. 1246 Mash Blvd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Wht

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 69

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Agatha Mfg C.

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant [illegible]
(Address) 1246 Mash Blvd

15 1926 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-1926

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1925, to March 25, 1926, that I last saw h.. alive on 3-25-, 1926, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bowel Disorder

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 27 26
20 UNDERTAKER	ADDRESS
Geo Lernbach Son	647 W Pratt st

Spec—12-23-21—E.B.R.S.—400 Bks.

08870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-5 / 103 E 08870

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2129 Lyndhurst St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Dannettel

(a) Residence No. 2129 Lyndhurst St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Christianna Giles Dannettel

6-DATE OF BIRTH (month, day and year): July 14/54

7-AGE: 71 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of Industry, business, or establishment in which employed (or employer): in furniture shop
(c) Name of employer: Home

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Louis Dannettel

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Fredeka Brockering

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-
(Informant): Carl Dannettel
(Address): 2129 Lyndhurst St

15-
Filed 3 27 1926 C. HAMPSON JONES, M. D. Registrar.
Per Asst

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3/24/26

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Mar 24, 1926, that I last saw him alive on Mar 24, 1926, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Senile dementia

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Nasal tests

(Signed) H. E. Kemp M. D.

3/25, 1926 (Address) 1002 N Dawson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 3/27/26

20-UNDERTAKER: Geo Kemtarch Son

ADDRESS: 647 W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

E 08871

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 08871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 27-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Meaker

(a) RESIDENCE NO. 408 Cold Spring Lane ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: William D. Meaker

6 DATE OF BIRTH (month, day, and year): Nov. 10. 1855

7 AGE: Years 70 yrs. Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: John Meaker

(Address) 408 Cold Spring Lane

15 1926 19

Filed 19

Registrar R D H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-25 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/3/25, 19, to 3/25/26, 19,

that I last saw her alive on 3/26/26, 19,

and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

Metastatic glands of Neck.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes (Date of) 6/2/25

Was there an autopsy? No. 7/9/25

What test confirmed diagnosis? Operation. Examination

(Signed) Francis T. Ellis, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 29 1926

20 UNDERTAKER: William G. Schaeffer — ADDRESS: 1816 Monument

(See opposite side)

Spec.—1-12-23—M&T—500 Bks.

E 08872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08872

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4144 N. Pine ST., 41 WARD)

2-FULL NAME Sarah Thomas

(a) RESIDENCE NO. 4144 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Wm Thomas

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Jacob Sherwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Sherwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Eliz. Gurley

(Address) 4140 Pine St

Filed ..... 19 ..... Registrar

7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/24/ 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/1/3/ 1926 to 3/24/ 1926

that I last saw h alive on 3/24/ 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Stuart Gibson M. D.

3/26/1926 (Address) 917 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3/27 19 26

20 UNDERTAKER: Samuel Hensley

ADDRESS: Eutaw & Eddie

Spec.—1-10-21—M&T—1500 Bks.

E 08873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 08873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 17-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarina Martin

(a) RESIDENCE NO. 909 Myrtle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Banks

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: 53 Years 5 Months 4 Days | If LESS than 1 day, hrs or min.

53 Yr. 5 Mo. 4 Ds.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Nicholls

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Baltimore City Hospitals, Wards

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1925, to March 24, 1926, that I last saw her alive on March 24, 1926, and that death occurred, on the date stated above, at 12:45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Mullen M. D.

3/25 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3/27 1926

20 UNDERTAKER: Samuel R Brady

ADDRESS: Mt Belle

Spec.—1-10-21—M&T—1500 Bks.

E 08874 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08874

CERTIFICATE OF DEATH.

134

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1204 Argyle Ave., ST. 17-1 WARD)

2-FULL NAME Annie E. Lester

(a) RESIDENCE NO. 1204 Argyle Ave., ST., WARD

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (HUSBAND of) (WIFE of) Geo. W. Lester

6 DATE OF BIRTH (month, day, and year) Oct. 27-1875

7 AGE Years 50 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stephen Somers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Somers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. W. Lester (Address) 1204 Argyle Ave

15 Filed 7 1926, 19 Registrar A R N

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to Mar. 23, 1926, that I last saw her alive on March 23, 1926 and that death occurred, on the date stated above, at 7:15 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic) Don't know.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL 3/27 19 26

20 UNDERTAKER Samuel Wesley & Bro ADDRESS

Spec.- 1-10-21 M&T 1500 Bks.

E 08875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 19-1 WARD)

2-FULL NAME Frederick Pallis

(a) RESIDENCE NO. 227 N Gilmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 9 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	9 mo.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER David Pallis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Lefferts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) University Hospital

15 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/22 , 1926 , to 3/23 , 1926.

that I last saw him alive on 3/23 , 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs 0 mos 3 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? ..... Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex-

(Signed) R.S. Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

MAR 27 1926

Commissioner Health

W. E. WOODALL

Spec.—1-10-21—M&T—1500 Bks.

E 08876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08876

CERTIFICATE OF DEATH.

REGISTERED NO. 91-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1113 Somerset ST., 10 WARD)

2-FULL NAME Peter Huber

(a) RESIDENCE No. 1113 Somerset ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Huber

6 DATE OF BIRTH (month, day, and year) Dec. 6 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs. Mary Huber

(Address) 1113 Somerset St

15 1926 C. HARPSON JONES, M. D. Registrar

Per R.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1925 to March 26 1926, that I last saw h alive on March 11 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Uremia

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Sol S. Haiser M. D.

(Address) 107 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL March 29 1926

20 UNDERTAKER Henry Storch Son — ADDRESS 1201 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08877 E 08877

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2693½ Wilkens Ave ST. 706 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Campbell.

(a) RESIDENCE NO. 2693½ Wilkens Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Campbell

6 DATE OF BIRTH (month, day, and year): Nov 20, 1862

7 AGE: 63 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tool grinder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

PARENTS

10 NAME OF FATHER: Wm. Campbell.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Pa

12 MAIDEN NAME OF MOTHER: Susan Montie.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia Pa.

14 Informant: Mrs. John F. O'Connell.

(Address): 2693½ Wilkens Ave

15 7 1926 C. HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Mar 26, 1926,

that I last saw h[illegible] alive on Mar 25, 1926

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis c Chronic Nephritis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3/26 1926 (Address) 17 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross [illegible] Philadelphia Pa

DATE OF BURIAL: Mar 29th 1926

20 UNDERTAKER: John F. Cowan & Son

ADDRESS: [illegible]

Spec. 1[illegible]21—M&T—1500 Blks.

19 0241 E 08878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08878

CERTIFICATE OF DEATH. X 37

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. 7-1 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jordan Neill

(a) RESIDENCE NO. 750 Ponce de Leon Ave. WARD

(Usual place of abode) Atlanta Ga. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE: 17 (Years / Months / Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oklahoma

PARENTS

10 NAME OF FATHER H. Zo. Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Fay Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed 2 8 1926 . 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23rd, 1926, to Mar. 27th, 1926, that I last saw h alive on Mar. 27th, 1926, and that death occurred, on the date stated above, at 745 a.m.

The CAUSE OF DEATH* was as follows: Tuberculous Meningitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Virginia ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J. L. Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warrenburg Mo DATE OF BURIAL Mar 29 1926

20 UNDERTAKER Richard F. Cooley ADDRESS 671 N. Wash. St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08879 E 08879

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Broad ave ST. 77-5 WARD)

2-FULL NAME Margaret J Zepp.

(a) RESIDENCE NO. Hampstead Md ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ WIFE of George W Zepp

6 DATE OF BIRTH (month, day, and year) Mar 22 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary E Buchman

(Address) 203 Broad ave.

15 Filed ..... 19 .....

R 28 1926 OK ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Mch 27, 1926, that I last saw h~~e~~r alive on Mch 25, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 3 yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas J Neal M. D.

, 19 (Address) 5242 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster. Md — DATE OF BURIAL Mch 30 1926

20 UNDERTAKER C. V. Tipton & Son — ADDRESS Hampstead Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08880

CERTIFICATE OF DEATH.

+ 5 E 08880

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Boggs

(a) RESIDENCE NO. Fremont ST. Balt, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura Boggs

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Boggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) University Hospital Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 27, 1926, that I last saw him alive on Mar 27, 1926 and that death occurred, on the date stated above, at 8:40 AM

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus; Chronic Nephritis with hypertension.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? not, known

Did an operation precede death? ~~Yes~~ Date of Jan 20, 1926

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. R. Routh, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Church Yard DATE OF BURIAL Mar 29 1926

20 UNDERTAKER W. C. Brooks ADDRESS Sparks Md

Spec.—1-10-21—M&T—1500 Bks.

Silas Baker

E 08881 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bridle Delaware

CITY OF BALTIMORE: (No. 2724 W Chase St., 12-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Bohn

(a) RESIDENCE NO. Freeland Balto Co Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nurse

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Freeland Md Balto Co

PARENTS

10 NAME OF FATHER Henry Bohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Freeland Balto Co Md

12 MAIDEN NAME OF MOTHER Louise Fuhrman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Freeland Balto Co

14 Informant O. G. Baker

(Address) 3740 Roland Av.

15 Filed 2 8 1926 C. HAMPSON JONES, M. D. Registrar Per K R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar 24, 1926, to Mar 27, 1926, that I last saw h[illegible] alive on Mar 27, 1926, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows: Cancer Colon

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Freeland Md

Did an operation precede death? Yes Date of Mar 27/26

Was there an autopsy? Not

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

19 26 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 CASE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Meadowlawn DATE OF BURIAL Mar 30 26

20 UNDERTAKER W S Marshall ADDRESS 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 08882 100-001 E 08882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. ST 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruben Lubowsky

(a) RESIDENCE NO. 121 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Last Tobaisk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Elder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital

(Address)

15 Filed 3-28, 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-23, 1926, to 3-26, 1926, that I last saw h[illegible] alive on 3-26, 1926, and that death occurred, on the date stated above, at 7.15 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) D. Aubrey Lindo, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Interment — DATE OF BURIAL 3/28 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1429 E. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08883

CERTIFICATE OF DEATH.

57

E 08883

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., 15-3 Ward)

2-FULL NAME Rachel Friedman

(a) RESIDENCE NO. 3938 Reisterstown Rd St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Friedman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant Louis Friedman (Address) 3938 Reisterstown Rd

15 Filed MAR 28 1926 19 .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to March 27, 1926, that I last saw h er alive on March 27, 1926, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

1 Diabetes Mellitus

2 Bronchopneumonia

(duration) 5 yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab findings

(Signed) A. Arthur Linde, M. D.

, 19 (Address) 1 Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northern Cem. DATE OF BURIAL 3/30/26

20 UNDERTAKER Jack Levin ADDRESS 1439 Balt

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08884 CERTIFICATE OF DEATH 45 E 08884

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Hospital ST., 6-1 WARD)

2-FULL NAME Wm. Goldberg

(a) RESIDENCE NO. — Pratt Street (1736 E Balto St) ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	60 years.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Russia -
(State or country)

PARENTS

10 NAME OF FATHER Joseph Goldberg

11 BIRTHPLACE OF FATHER (city or town) Odessa
(State or country)

12 MAIDEN NAME OF MOTHER Unknown -?

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Hospital Records
(Address) Baltimore City Hospitals

15 Filed APR 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-19— 1925 to March 25 1926.
that I last saw him alive on March 25- 1926.
and that death occurred, on the date stated above, at 8 05 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Sigmoid

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Facts

(Signed) Jos. P. Champe, Jr. M. D.
Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel | DATE OF BURIAL 3/28 1926

20 UNDERTAKER Jack Levi ADDRESS 1429 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08885

CERTIFICATE OF DEATH.

51 E 08885

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2901 Parkwood ave St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernhardt Blum

(a) RESIDENCE NO. 2901 Parkwood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Blum

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Man

(c) Name of employer [illegible]

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Blum

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Harry Blum

(Address) 2901 Parkwood ave

15 Filed [illegible] 19

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26-26

17

I HEREBY CERTIFY, That I attended deceased from 3-1-26, to 3-26-26, that I last saw him alive on 3-26-26, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Oedema of lung

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) [illegible], M. D.

3-26-26 (Address) 2202 W North,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

High Sholom Cem 3/28 19 26

20 UNDERTAKER — ADDRESS

Jack Levis 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08886

CERTIFICATE OF DEATH.

90 E 08886

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Harford ave ST. 10-2 WARD)

2-FULL NAME Regina H Wilcox

(a) RESIDENCE NO. 1014 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) not obtainable

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Peter Wilcox

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Ellender

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Peter E Wilcox

(Address) 16 N Harford ave

15 Filed MAR 28 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from December, 19 25, to March 27, 1926, that I last saw h alive on March 26, 1926, and that death occurred, on the date stated above, at 220 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion of Lungs

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Herbert Thomas, M. D.

March 27, 1926 1116 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Mar 30 1926
UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08887

CERTIFICATE OF DEATH.

9-00 E 08887

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 E. Heath ST. 23 V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Valentine

(a) RESIDENCE NO. 23 E. Heath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel D Valentine

6 DATE OF BIRTH (month, day, and year): Dec 29 1852

7 AGE: Years 73 Months 2 Days 26 (If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Dan'l Valentine

(Address): 238 Bank St

Filed MAR 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 26, 1926, that I last saw h[illegible] alive on Mar 24, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

Mar 27, 1926 (Address) 16 W. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: March 29 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08888

CERTIFICATE OF DEATH.

90 E 08888

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Aged Men & Women Home

CITY OF BALTIMORE: (No. 1622 Dundalk Ave. ST.) (14 WARD)

2-FULL NAME Joseph Roberto

(a) RESIDENCE NO. 1622 Dundalk Ave. ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced

Husband of Luigi Roberto

or Wife of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE Years 68 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Informant Thomas Recordy Address 622 Dundalk Ave

15 Filed 2 8 1926, 19 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-8-26, 19 , to 3-26-26, 19 ,

that I last saw h— alive on 3-25-26, 19 ,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acute Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. S. Dutler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/28 1926

UNDERTAKER Samuel G. Hensley

ADDRESS 1 N. Bond

Spec.—1-21—M&T—1500 Bks.

E 98889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 98889

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellsworth Collins

(a) RESIDENCE NO. Bel Air, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laboratory do

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Margaret Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records — JOHNS HOPKINS HOSPITAL
(Address)

15 Filed 2 8 1926, 19 ..... C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13 1926, to Jan 27 1926, that I last saw h-- alive on Jan 27 1926, and that death occurred, on the date stated above, at 10 20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 3/1/26

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clark's Chapel, Mar 29, 1926. DATE OF BURIAL .....

20 UNDERTAKER: Dean & Foster ADDRESS Bel Air, Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 08890

CERTIFICATE OF DEATH.

E 08890

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2214 E. Madison St St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Matysek

(a) RESIDENCE NO. 2214 E. Madison St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Matysek

6 DATE OF BIRTH (month, day, and year) Feb 9/1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER John Prokop

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austia

12 MAIDEN NAME OF MOTHER Johanna Cernik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Anton Matysek

(Address) 2214 E. Madison St.

15 Filed 3/27 19 26 C. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. H. Jones M. D. (Coroner)

3/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial March 29 1926

20 UNDERTAKER Hunt & Sons Co. ADDRESS Wolfe & Pac

2-8-1926 RK. Registrar

Spec.—1-10-21—M&T—1500 Bks.

E 08891

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 100 E 08891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 27-3 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Kay

(a) RESIDENCE NO. 163 W. Belvidere Ave St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 2 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 1925

7 AGE — Years: 1 — Months: 2 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS
10 NAME OF FATHER: Virgil Richardson
11 BIRTHPLACE OF FATHER (city or town) (State or country): California
12 MAIDEN NAME OF MOTHER: Morley
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant (Address): Mrs Rosalie Morley Kay 163 W Belvedere Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-27 .1926. to 3-27 .1926.
that I last saw her alive on 3-27 .1926
and that death occurred, on the date stated above, at 8:00 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 14 ds.
CONTRIBUTORY (Secondary) Cardio-Respiratory failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Harry F Kraten, M. D.
3/27 1926 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch 29 1926

20 UNDERTAKER: Jos B Cook — ADDRESS: 103 W Balto

E 08892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08892

CERTIFICATE OF DEATH

6-3 188-003

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Reeder Campbell

(Residence in Baltimore: No. 216 North Belnord Avenue St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: October 28, 1887 (Month) (Day) (Year)

7-AGE: 38 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Conduit Worker

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: John A. Campbell

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Lucille E. Wingate

13-BIRTHPLACE OF MOTHER, (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lucille E. Campbell

(Address) 2 Royal Oak Avenue

15-

Filed ..... 192.....

C. HARRISON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 26 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Shock & Loss

Automobile accident (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) Samuel A. Fraser M. D. (Coroner)

Mar. 26 1926 (Address) 332 S. Patterson Pk. Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Mar. 29 1926

20-UNDERTAKER: Jos. B. Cook ADDRESS 1003 W. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08893 100-901 E 08893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Hollins St. ST. 8-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hallie Lorraine Myster

(a) RESIDENCE NO. 904 Hollins St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Clarence Myster

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Hallie Hayes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. Hallie Myster
(Address) 904 Hollins St.

15 Filed ..... by C. HARPSON JONES, M. D. Registrar
MAR 28 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 24, 1926, to Mar 27, 1926.

that I last saw h alive on Mar 27, 1926.

and that death occurred, on the date stated above, at 10 Pm. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Jane Brown M. D.

3/27 1926 (Address) 1837 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Mar 29 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08894

CERTIFICATE OF DEATH.

57 E 08894

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Wyman Avenue ST., 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Haus

(a) RESIDENCE NO. 217 Wyman Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leidia F. Haus

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER John Haus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hucht

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland

14 Informant Lula Classon

(Address) 217 Wyman Avenue

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to March 26, 1926.

that I last saw him alive on March 26, 1926,

and that death occurred, on the date stated above, at 10.10A. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) (unknown) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental

(duration) (unknown) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) C. K. Fockbaugh M. D.

3/26 1926 (Address) 2923 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Mar. 29 1926

20 UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08895

CERTIFICATE OF DEATH.

15-13 24-001

1-PLACE OF DEATH

REGISTERED NO. 2615

CITY OF BALTIMORE: (No. 2113 N. Fulton Ave. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca A. Slade

(a) RESIDENCE No. 2113 N. Fulton Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

PARENTS

10 NAME OF FATHER Luther M. Slade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co., Md.

12 MAIDEN NAME OF MOTHER Keturah Triplett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant S. W. Conrey
(Address) 4014 Dalrymple Avenue

15 Filed MAR 28 1926 19 C. HAMPSON JONES, M. D. Registrar
Per pk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13th, 1926, to March 26th, 1926, that I last saw her alive on March 26th, 1926, and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy. Following a long period of arteriosclerosis high blood pressure and cardiac hypertrophy (duration) yrs. mos da.

CONTRIBUTORY (Secondary) arteriosclerosis about 15 yrs (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? no Date of — —

Was there an autopsy? no

What test confirmed diagnosis Paralysis & Coma

(Signed) Amanda T. Rossi, M. D.

3/27 1926 (Address) 1601 Park Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Mar. 29, 1926

20 UNDERTAKER Jos. B. Cook

ADDRESS 1003 W. Balto.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08896

CERTIFICATE OF DEATH.

100 E 08896

1-PLACE OF DEATH 3155 Frederick Ave 70-2

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna A martin

(a) RESIDENCE No. 3155 Frederick Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	W	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 30-1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	4	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Authie Martin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Myrtle Stewart

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Mrs Myrtle Martin
(Address) 3155 Frederick Ave

Filed ..... 19 .....
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1926, to Mar 26, 1926, that I last saw her alive on Mar 26, 1926 and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Fred T. Kyper, M. D.

, 19 (Address) 3155 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Mar. 29 1926

20 UNDERTAKER George L. Schmidt — ADDRESS 2101 Eutaw Ave.

THOMPSON JONES, JR.

29 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08897 — 45 E 08897

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) Broadway & East (Ward) Ore

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Shob West

(a) RESIDENCE NO. 1511 Montpelier ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 66 yrs. 10 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Katie Ellen Powell West

6 DATE OF BIRTH (month, day, and year) May 17, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	66	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer Hughes Mason Manufg Co

9 BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

PARENTS

10 NAME OF FATHER Thomas West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Co. Pa.

12 MAIDEN NAME OF MOTHER Anna Shob

13 BIRTHPLACE OF MOTHER (city or town) Lancaster Pa (State or country)

14 Informant Thos. West (Son) (Address) Howard Park City.

15 Filed ..... 19 .... Registrar

MAR 29 1926 HARRISON JONES M. D.

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 23, 1926, to Mar. 28, 1926, that I last saw him alive on Mar. 28, 1926 and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 3/25/26

Was there an autopsy? no

What test confirmed diagnosis? Mic. Section of growth.

(Signed) George B Buel, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Pa — DATE OF BURIAL Mar 31 19 26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

E 08898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 08898
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823-Linden-Av. ST 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME FLORENCE BOYD

(a) RESIDENCE NO. 1823-Linden-Av. ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 69 yrs. 0 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): March-19-1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) Frederick (State or country) Maryland

PARENTS

10 NAME OF FATHER: Andrew Boyd

11 BIRTHPLACE OF FATHER (city or town) Frederick, Md (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Caroline Mantz

13 BIRTHPLACE OF MOTHER (city or town) Frederick, Md (State or country) Maryland

14 Informant: Mr. David Boyd, (brother) (Address) 1823-Linden-Av., City.

15 Filed 2 8 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1924, to March, 1926, that I last saw h alive on March 20, 1926, and that death occurred, on the date stated above, at (?) A. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart. Mitral regurgitation and stenosis. Aortic insufficiency (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) See under (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R. B. Norment, M. D.

3 28 1926 (Address) 8147 Charlemont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick, Maryland. DATE OF BURIAL: March-30-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS: 108 W. NORTH AVE.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 08899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08899

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1624 Eutaw Place St. 14-2 WARD

REGISTERED NO.

(If death occurr... a hospital or in... tion, give its N... instead of street ... number.)

2-FULL NAME John Swindell Graham

(a) RESIDENCE. No. 1624 Eutaw Place St. WARD. Resident

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 47 yrs. ? mos. ? ...

THIS CERTIFICATE IS A PERMANENT RECORD. Every item of information is very important. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or Wife of~~) Mrs E. Bunks Graham

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floor Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Innishillin Ireland ~~England~~

PARENTS

10 NAME OF FATHER Gerard Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bessie Swindell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs E. Bunks Graham (Address) 1624 Eutaw Place

15 Filed . 19 Registrar

MAR 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3 1923 to MAR 28 1926 that I last saw h[illegible] alive on MAR 27 1926 and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)
(auricular fibrillation) (duration) 3 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Dental Sepsis, Chronic nephritis
Cerebral Embolism (duration) X yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination (Phys)

(Signed) Dartus I. Baggott, M. D.

19 (Address) 1015 Monroe St Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levinson Annex — DATE OF BURIAL Mar 31 1926

20 UNDERTAKER STEWART & HOW[illegible] COMPANY (WILLIAM F. WOO[illegible]) — ADDRESS 108 W. NORTH AVE

Spec. 1-10-21 M&T 1500 Bks.

E 08900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102 109E 08900

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl WARD) 22-2

2-FULL NAME Sophia Silverman.

(a) RESIDENCE NO. 519 S. Sharp St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
female	white	Single

5a If married, widowed, or divorced ~~HUSBAND of (or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) Jan 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	16	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Julius Silverman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant (Address) Nearest Kin

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 '26

17

I HEREBY CERTIFY, That I attended deceased from Mar 24, 1926, to Mar 28, 1926, that I last saw h alive on Mar 28, 1926, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary asphyxia.

pharyngeal

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cervical Abscess - (Pyogenic)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James W. Nelson, M. D.

3/28, 1926 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington Road — DATE OF BURIAL: 3/29 1926

20 UNDERTAKER: Jack Levin — ADDRESS: 1109 Eastern

Spec.—1-10-21—M&T—1500 Blks.

E 08901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 08901

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST. 5-2 WARD)

2-FULL NAME Mrs Rachael Rosen

(a) RESIDENCE No. 1246 Mc Elderry St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam. Rosen.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " "

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " "

14 Informant Sam Rosen. (Address) 1246 Mc Elderry St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-28, 1925, to 3-28, 1926, that I last saw h alive on 3-28, 1926, and that death occurred, on the date stated above, at 12 29 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of thyroid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Sheldon Eastland M. D.

, 19 (Address) St. Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rest. Ruth

DATE OF BURIAL 3/29 19

20 UNDERTAKER Jack Lewis

ADDRESS 1409 Eutaw

Spec.–1-10-21 M&T 1500 Bks.

E 08902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 08902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2307 Emerson ST. 70-3 WARD)

2-FULL NAME Thomas P Thompson

(a) RESIDENCE NO. 2307 Emerson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Isabelle G Thompson

6 DATE OF BIRTH (month, day, and year) Jan 13 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto Chair Co

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: Richard Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

14 Informant (Address): Robert A Thompson 41 East Hillside

15 Dec. 19 Registrar

R29 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 24, 1926, to March 26, 1926, that I last saw him alive on March 26, 1926, and that death occurred, on the date stated above, at 10.55 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M A O'neill M. D.

3-27, 1926 (Address) 108 N Paulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park DATE OF BURIAL: March 29 26

20 UNDERTAKER: William Cook ADDRESS: 502 E Mart

Spec.—1-10-21—M&T—1500 Blks.

E 08903 HEALTH DEPARTMENT—CITY OF BALTIMORE

9F 08903

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. Bay View Loyola 26 WARD)

2-FULL NAME Fred. Drury.

(a) RESIDENCE (No. male) Baltimore City Hospitals WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower.

6 DATE OF BIRTH (month, day, and year) 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Virginia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Virginia

14 Informant Hospital Records Baltimore City Hospitals.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 9. 1926. to March 27. 1926.

that I last saw him alive on March 27. 1926.

and that death occurred, on the date stated above, at 8 + 50 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Benign Prostatic Hypertrophy

Chr. Myocarditis. C Auricular fibrillation

(duration) unknown da.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab Evid

(Signed) Jno. P. Chamberlain M. D.

(Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National DATE OF BURIAL Mar 31 1926

20 UNDERTAKER Wm Cook ADDRESS 3002 E Madison

MAR 29 1926

Spec.—1-10-21—M&T—1500 Blks.

Dr Ballard, 1622 Mt Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08904

CERTIFICATE OF DEATH.

14-2 11-80

E 08904

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. 120 McMechen ST., 14-2 WARD)

2-FULL NAME Frederick J Lang

(a) RESIDENCE No. 120 McMechen ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Lang.

6 DATE OF BIRTH (month, day, and year) Nov 28 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer) Stationary Boiler

(c) Name of employer Marlborough Light & Power Co

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Robert E Lang 1611 Clifton Ave

15 Filed APR 29 1926 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to March 26, 1926, that I last saw him alive on March 26, 1926, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin K. Ballard M. D.

3/27 19 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Mar 29 1926

20 UNDERTAKER J. H. Cook

ADDRESS 926 Hartford

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08905

CERTIFICATE OF DEATH.

90 E 08905

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Obed Sevina

(a) RESIDENCE NO. 117 ~~Bat Road~~ Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83 yr.				

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: William Sevina

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret Sevina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 2 9 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 19 26

17

I HEREBY CERTIFY That I attended deceased from March 17, 19 26 to March 25 19 26

that I last saw him alive on March 25 19 26

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

3/27 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 30 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Nash Ave

Please see instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08906

CERTIFICATE OF DEATH.

129 E 08906

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 N Wolfe St. 8-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis E. Chamberlain

(a) RESIDENCE NO. 1612 N. Wolfe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 26th 1837

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
74	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER John E. Chamberlain

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Frances Mull

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore

14 Informant (Address) Mrs Sarah E Starck 1612 N Wolfe St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th 1926, to March 26th, 1926, that I last saw h[illegible] alive on March 26th, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Nephritis

Arteriosclerosis.

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 2 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph B Saunders, M. D.

, 19 (Address) 719 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial Mar 29 1926

20 UNDERTAKER: Wm Cook — ADDRESS 532 E North Ave

HARRISON CO. N.Y.

2 9 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08907

CERTIFICATE OF DEATH.

904 E 08907

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Dillon ST., 44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della B. Kavanaugh.

(a) RESIDENCE NO. 3117 Dillon ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late James Kavanaugh.

6 DATE OF BIRTH (month, day, and year) Feb. 2nd 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Bracken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) James Kavanaugh Son 3117 Dillon St

15 Filed 2 9 1926 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1926, to March 26, 1926, that I last saw her alive on Mar 25, 1926, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Burke, M. D.

(Address) 3742 Hamilton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL March 29 1926

20 UNDERTAKER: Lilly & Gilen — ADDRESS 4018 Harford

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08908

CERTIFICATE OF DEATH.

12 E 08908

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 317 S. Ann ST. 25 WARD)

2-FULL NAME Robert H. Bouse

(a) RESIDENCE NO. 317 S. Ann ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Mary A. Bouse

6 DATE OF BIRTH (month, day, and year): Oct. 15th 1859

7 AGE — Years: 67 — Months: 5 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John H. Bouse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Morrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): John H. Bouse 317 S. Ann St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 25th 1926

17

I HEREBY CERTIFY, That I attended deceased from Mch 22nd, 1926, to Mch 25th, 1926,

that I last saw h— alive on Mch. 25th, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Cardiac decompensation

Hypostatic Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical & Laboratory

(Signed) A. F. Reis, M. D.

Mch 28, 1926 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: Mch 30 1926

20 UNDERTAKER: Lilly & Zuber — ADDRESS: 4038 Wabash Ave

Cor.—12-9-25—A Co.—200 Bks.

E 08909

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-001

E 08909

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1517 N. Register St St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis E. Kreiner

(a) RESIDENCE NO. 1517 N. Sprimg St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna Kreiner

6 DATE OF BIRTH (month, day, and year) Sept 8-1896

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	29	6	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Poultry Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Kreiner

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Christina Ritter

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) York, Pa.

14 Informant Edna Kreiner (wife)

(Address) 2021 E. Eager St.

15 Filed 3-29 1926 (Hour Issued P. M.)

For_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 23 192
Probably Mar 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. J. Pozen, M. D.
(Coroner)

3/29/26 (Address) 508 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL new Cathedral Date of Burial March 26

20 UNDERTAKER Richard F. Curley ADDRESS 621 N. Wash St.

Cor.—1-12-23—M&T—100 Bks.

08910 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-8910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 875 W Fayette ST.) WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Keziah

(a) RESIDENCE NO 875 W Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	89			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Not known 087

(b) General nature of industry, business, or establishment in which employed (or employer) Not known

(c) Name of employer

9 BIRTHPLACE (city or town) South Carolina (State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Not known (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emmett Bynum

(Address) 875 W Fayette

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 1926

17 7.30 PM I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Probable Arterial Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Manuel L Disher, M. D.

(Coroner.)

, 192 6 (Address) 3325 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	March 29 1926
20 UNDERTAKER	ADDRESS
Ehrenworth & Son	367 Cathedral

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08913

CERTIFICATE OF DEATH.

52 E 08911

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N. Charles ST. 4-3 WARD)

2-FULL NAME Nancy Hollingsworth Howard

(a) RESIDENCE NO. 401 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10th 1859

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
67	2	20 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Frank Key Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Lydia H. Morris McKim

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mr Howard

(Address): 401 N Charles St

15 Filed MAR 29 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15 1926 to March 27 1926.

that I last saw h[illegible] alive on March 27 1926.

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis (duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Arthritis deformans (duration) 50 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary examination

(Signed) H. Warren Buckler M. D.

19 26 (Address) 806 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old St Pauls Cemetery

DATE OF BURIAL: 3/30/26

20 UNDERTAKER: Henry W Jenkins & Son

ADDRESS: Cathedral & Mt. Vernon Pl.

Please write very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 08912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 08912

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 929 N. Charles ST St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Lake

(a) RESIDENCE NO. 929 N. Charles St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
Aug 14 th 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~House Wife~~ Boarding House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 886
(c) Name of employer self

9 BIRTHPLACE (city or town) _____
(State or country) Maryland

PARENTS

10 NAME OF FATHER James B. Lake

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Craig

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Md.

14 Informant Lewis Lake
(Address) 5249 YOrk Rd.

15 Filed _____ 19 _____ Registrar

R 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
3/27/26

17 I HEREBY CERTIFY, That I attended deceased from
3/16/26, 19____, to 3/26, 1926,
that I last saw h. alive on 3/26, 1926
and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary) Carbonic Leamorrhage

(duration) ___ yrs. ___ mos. 10 ds.

18 Where was disease contracted —
If not at place of death? _____
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.
3/26, 1926 (Address) 1403 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem Longgreen — Date of Burial: Mch 29

20 UNDERTAKER: E. LEROY STIFFLER — ADDRESS: 125 E. North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08913 — 100 — E 08913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3923 Belleview Ave. St. (Ave. Lane, etc.) 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Roulston

(a) RESIDENCE NO. 3923 Belleview Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Roulston

6 DATE OF BIRTH (month, day, and year): Sept 14, 1844

7 AGE — Years: 81 — Months: 6 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm McLean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Susan Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Susan E. Roulston

(Address): 3923 Belleview Ave.

15 Filed MAR 29 1926 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1926, to March 26 1926, that I last saw h[illegible] alive on March 25, 1926 and that death occurred, on the date stated above, at 11.15 a m

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?: —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bowman Stood, M. D.

3/27 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Mar 29 1926

20 UNDERTAKER: Wm J Hickner Sons — ADDRESS: Norristown Pa

HARRY JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 08914

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00 E 08914

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4611 Culver Ave ST. 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie May Mann

(a) RESIDENCE NO. 4611 Culver Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/11/1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	11 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elsie De Bafre

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Thomas Mann

(Address) 4611 Culver Avenue

15 MAR 29 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 26, 1926, that I last saw h alive on March 26, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White M. D.

3/27, 1926 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 3/29 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1335 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08915 ✓ ✓ +31 E 08915

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital # 2-N REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME James H Kincaham

(a) RESIDENCE NO. 806 S. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (a) HUSBAND of (b) WIFE of: Mrs Jas H Kincaham

6 DATE OF BIRTH (month, day, and year): Feb 12, 1881.

7 AGE — Years: 45 Months: 1 Days: 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): Steamship

(c) Name of employer: S/S Arlington

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: James Kincham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margarth Keogh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Self

15 Filed MAR 29 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27 1926.

17 I HEREBY CERTIFY, That I attended deceased from August 7, 1925 to March 27, 1926, that I last saw h— alive on March 27, 1926, and that death occurred, on the date stated above, at 7.10 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, Chronic.

(duration) yrs. ✓ mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings + Laboratory tests M. D. Hill.

(Signed) M. D.

3/27/1926 (Address) U S Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery DATE OF BURIAL 3/29 19 26

20 UNDERTAKER: Sol Thierson & Bro ADDRESS 127 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

Sachs

E 08916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. Hebrew Hospital WARD 15-H

(If death occurred in a hospital or institution give its NAME instead of street and number)

2-FULL NAME Michel Sachs

(a) RESIDENCE NO. 2228 Mondawmin Ave WARD 24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6 DATE OF BIRTH (month, day, and year) Unk. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bailey Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Hattie Sachs

(Address) 2228 Mondawmin Ave

15 Filed [illegible] 19 [illegible] Registrar

R 2 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-27-26 19 to 3-28 19 26.

that I last saw h[illegible] alive on 3-28-26 19

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

1 Myocarditis

2 arterio sclerosis

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Nicholas Pelz M. D.

3/28 19 26 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 3/29 19 26

20 UNDERTAKER H. Levinson & Bro

ADDRESS 1127 E Baltimore

C. HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08917

CERTIFICATE OF DEATH.

133 E 08017

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Hawthorne Ave ST. 15-1 WARD)

2-FULL NAME Wm E. Burton

(a) RESIDENCE NO. 4015 Hawthorne Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. 63 mos. 6 ds. 17 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Blanche Daugherty

6 DATE OF BIRTH (month, day, and year) Sept 11 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	63	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Caring for sick

(c) Name of employer none (Self)

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Clark Grace

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country) "

14 Informant Chas Burton (Brother)

(Address) Fairview Ave Hagerstown

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct-15- 1924 to Mar 28 1926

that I last saw him alive on Mar 28 1926

and that death occurred, on the date stated above, at 1 P. m.,

The CAUSE OF DEATH* was as follows:

Infected diverticulum of urinary bladder

(duration) 1 yrs. 5 mos 13 ds.

CONTRIBUTORY (Secondary) Pyaemia

(duration) 0 yrs. 0 mos. 21 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Nov 26 1924

Was there an autopsy? no

What test confirmed diagnosis? Cystoscopic + Clinical

(Signed) R B Kemp on M. D.

3/28 1926 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Mar 26
20 UNDERTAKER Geo. W. Stark	ADDRESS 2720 Edmondson Ave

Instructions: Use typewriter if possible. Be very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-08918

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 733 East 20th St. (ST.) 9-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arabia Elizabeth Crouse,

(a) RESIDENCE No. 733 East 20th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George F. Crouse,

6 DATE OF BIRTH (month, day, and year) August 15.1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Elkridge

(State or country) Howard CO.Md.

PARENTS

10 NAME OF FATHER James Madison Terrant

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Richmond Virginia

12 MAIDEN NAME OF MOTHER Sarah A.Cook,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Anne Arundel Co.Md.

14 Informant Mrs.John Elmer,

(Address) 733 East 20th St.

15 Filed APR 29 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 27 1926

17

I HEREBY ~~CERTIFY~~, That I attended deceased from Feb 2 -, 1926, to March 27, 1926, that I last saw h~~e~~ alive on March 27, 1926, and that death occurred, on the date stated above, at 2-0 m.

The CAUSE OF DEATH* was as follows:

Chronic Infl Endocarditis

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) Jefferis Buck M. D.

3/29 1926 (Address) 2044 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore

DATE OF BURIAL MAR 30 1926, 19

20 UNDERTAKER Geo W Little

ADDRESS 1900 EDMONDSON AVE.

(Please see instructions on back of certificates. Occupa-

Spec.—1-10-21—M&T—1500 Bks.

E 08919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 08910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] St. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Foote

(a) RESIDENCE NO. 1300 Carrol ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Perry Foote

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha A. Griffen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (City Hospital Records) (Address) Baltimore Md

15 Filed ..... 19 ..... By ..... Registrar

MAR 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 27 1926, that I last saw him alive on March 27, 1926, and that death occurred, on the date stated above, at 1245 Pm.

The CAUSE OF DEATH* was as follows:

Hypertension.
Chronic Nephritis
Chronic Myocarditis

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Contracted (Autopsy not known) Myocardial failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted, if not at place of death? ,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general & laboratory

(Signed) [signature] M. D.

Mar 28 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Fleisher

DATE OF BURIAL: 3/31 1926

UNDERTAKER: Frank Zanton

ADDRESS: 916 Pacific

THIS is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 08920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08920

1-PLACE OF DEATH Colonial Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Lane

(a) RESIDENCE NO. 1402 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) Tennessee.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) Tenn.
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Carrie Green
(Address) 720 Bradley Ste

15 Filed APR 29 1926, 19 C. HARTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3/27, 1926, to 3/27, 1926, that I last saw h[illegible] alive on 3/27, 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

ac. Supp. Peritonitis
ac. Ruptured appendicitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 3/27/26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Moore, M. D.

, 19 (Address) 1122 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 3/31 1926

UNDERTAKER Lewis Easton

ADDRESS 916 Pare

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08921

100-001

CERTIFICATE OF DEATH.

E 08921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 Cornell St., 11-2 Ward)

2-FULL NAME Charles Mitchell

(a) RESIDENCE NO. 207 Cornell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. ds 20 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May - 10 - 1925

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
1	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Wm. Mitchell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Texas

12 MAIDEN NAME OF MOTHER Anita Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant (Address) 207 Cornell St Wm. Mitchell

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Mar 27 - F

17

I HEREBY CERTIFY, That I attended deceased from Mar 7, 1926, to Mar 27, 1926, that I last saw him alive on Mar 26, 1926, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettit, M. D.

, 19 Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mass 3-30-1926

20 UNDERTAKER Steuart Easter ADDRESS 916 Park Ave

Very important. See instructions on back of certificates. PRICE STATEMENT OF OCCUPATION 1s

Spec.—1-10-21—M&T—1500 Bks.

E 08922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-001

109 E 08922

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Franklin ST., 19-1 WARD)

2-FULL NAME Harold Steptau

(a) RESIDENCE No. 1420 Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harold Steptau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Thelma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Thelma Johnson

(Address) 420 W Franklin St

15 Filed MAR 29 1926 J. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 23, 1926, to Mar 27, 1926, that I last saw her alive on Mar 27, 1926 and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Primary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey M. D.

3/28, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 3/30 26

20 UNDERTAKER Dame Keeton — ADDRESS 916 Rut

IMPORTANT. See instructions on back of certificates. EXACT statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08923

CERTIFICATE OF DEATH.

89 E 08923

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 Brooks Lane) (WARD) 13-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isiah W. Levy

(a) RESIDENCE No. 949 Brooks Lane WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie R. Levy

6 DATE OF BIRTH (month, day, and year) June 14, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) 071

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Maird Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER — Leopold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Clarence Levy

(Address) 949 Brooks Lane

15 Filed APR 29 1926 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to March 28, 1926, that I last saw h[illegible] alive on March 28, 1926, and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Coronary artery Thrombosis) 3 days

(duration) yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Coronary art)

Symptoms (duration) 7 yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Enos P. Hawkins, M. D.

March 28, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	3/29/26

20 UNDERTAKER Maird Sondheim ADDRESS 115-26-28 W. Royal Ave

(See instructions on back of certificate.)

Spec.—1-10-21—M&T—1500 Bks.

E 08924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08924

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 Barnes ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Council

(a) RESIDENCE No. 1640 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Council

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland County Va

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Patty Carpenter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Oretta Giles

(Address) 1416 Jefferson

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to March 26, 1926, that I last saw her alive on March 26, 1926, and that death occurred, on the date stated above, at 9 25 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia and dilatation of the heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bilateral Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

3-24 1926 (Address) 908 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL March 29 1926

20 UNDERTAKER Mrs J. G. Locks ADDRESS 1312 Jefferson

HOW IS very important. See instructions on back of certificates.

EXACT statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

Orem

E 08925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08925

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 E. North Ave. ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Izora C. Orem

(a) RESIDENCE NO. 510 E. North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late George W. Orem Jr.

6 DATE OF BIRTH (month, day, and year) April 5, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ------- Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Oscar C. Orem

(Address) Cambridge Apartments

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27/26

17 I HEREBY CERTIFY, that I attended deceased from 2/25/26, 19 ..., to 3/27, 19 26, that I last saw h[illegible] alive on 3/26/26, 19 ..., and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Valvular disease of Heart -

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) , yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

3/27/26 (Address) 2 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery DATE OF BURIAL Mar 29 1926

20 UNDERTAKER Harry H. Witzke ADDRESS 1511 W. Lombard

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 08926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-09 08926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3300 Stoffford Sth. 70-2 24

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rochael Tate

(a) RESIDENCE No. 3300 Stoffford Sth ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Adams Co Penna

PARENTS

10 NAME OF FATHER: Pious Little

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Penna

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: James B Tate

(Address) 3000 Stoffford Sth

15 Filed ..... 19 .....

MAR 29 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 26, 1926, to Mar 27, 1926, that I last saw her alive on Mar 27, 1926 and that death occurred, on the date stated above, at 9 9 m

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. ..... mos 1/2 ds.

CONTRIBUTORY (Secondary) Hypertension unknown

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ~~St Louis~~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Fred T. Kyger M. D.

, 19 (Address) 3321 Fredericks Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 30 1926

20 UNDERTAKER: Harry A. Voitz & Co — ADDRESS: 1581 W Lombard

Spec. Jr-10-21—M&T—1500 Bks.

AD 123 AD 08927

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 08927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST 5-1 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Sivells -

(a) RESIDENCE No. 1234 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Henry Sivells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

MAR 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25th 26

17 I HEREBY CERTIFY, That I attended deceased from Mar 19th, 1926 to Mar 25th, 1926, that I last saw him alive on Mar 25th, 1926, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis
Rickets

Life (duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital,

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: march 29 1926

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 orleans st

Very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.-1-10-21-M&T-1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08928

CERTIFICATE OF DEATH.

E 08928

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3707 Liberty Hgts. Ave. ST. (WARD) 45-4

2-FULL NAME Harriet M. Denise

(a) RESIDENCE NO. 3707 Liberty Hgts. ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin S. Denise

6 DATE OF BIRTH (month, day, and year) Dec 31 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Montreal (State or country) Canada

PARENTS

10 NAME OF FATHER William J. Fanna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary E Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Edwyn S Denise (Address) 3707 Liberty Heights Ave

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27- 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-27- , 1926 to 3-29- , 1926, that I last saw her alive on 3-27- , 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis.

Several Yrs. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen S Lorey M. D.

19 (Address) 3705 Liberty Hgts. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Freehold New Jersey — DATE OF BURIAL Mar 30 1926

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

Sec. 3 Ed. Act 1898

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 08929

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ ST. 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Stroltz or Stanley

(a) RESIDENCE NO. Gordonsville Virginia ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER S. P. Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant City Hospital Records (Address) Baltimore Md

15 Filed ____, 19__ Registrar

R29 10?? Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to March 27, 1926, that I last saw her alive on March 26, 1926 and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hospital Laboratory

(Signed) A. Joaqu Small, M. D.

March 27 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Burnhas Va — DATE OF BURIAL: March 30 1926

20 UNDERTAKER: Chas. S. Black — ADDRESS: 742 W. Northave

FILL IN ALL ITEMS—IT IS VERY important See instructions on back of certificates. EXACT statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 08930 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

77 E 08930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) At Hope Remat ST., 28th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] Teresa Filling

(a) RESIDENCE NO. At Hope Remat ST. 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? [illegible] yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Filling

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	54	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): (?) Germany

PARENTS

10 NAME OF FATHER: Mr Kerber

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?) Germany

12 MAIDEN NAME OF MOTHER: Christina (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): (?) Germany

14 Informant: Records of Mt Hope Remat

(Address): Baltimore Md.

15 Filed ..... 19..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8th, 1920, to Mch 27th 1926, that I last saw h[illegible] alive on Mch 26th, 1926 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart — during maniacal outbreak

abt (duration) 0 yrs. 0 mos 12 ds.

CONTRIBUTORY (Secondary) Chr. Manic depressed Psychosis abt (duration) 6 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

March 27, 19 (Address) Mt Hope Remat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross AA Co — DATE OF BURIAL: 3-[illegible] 1926

20 UNDERTAKER: E & B Hale — ADDRESS: 115 E [illegible] St

Print in very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08931

CERTIFICATE OF DEATH.

3-22-1926 101-001

E 08931

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 W Lee ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Jane Evans.

(a) RESIDENCE NO. 116 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Evans

6 DATE OF BIRTH (month, day, and year): March 10-1870

7 AGE: Years 56 | Months 0 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: At Home

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: David Cantler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E. Bashot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mr. James Evans 116 W. Lee st.

15 Filed: R29 1926 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 22, 1926, to Mar 27, 1926, that I last saw h[illegible] alive on Mar 27, 1926, and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Eclampsia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. L. Campbell M. D.

Mar 28 1926 (Address) 66 & 4 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Cem. Annapolis Md

DATE OF BURIAL: Mar 29 26

20 UNDERTAKER: F. A. Schause & Son

ADDRESS: 703 S. Hanover st

FROM a very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08932

CERTIFICATE OF DEATH.

+ 44 E 08932

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital St. 4-3 WARD)

2-FULL NAME Mrs Rachael Abrahams -

(a) RESIDENCE NO. San Antonio Texas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Abrahamson

6 DATE OF BIRTH (month, day, and year) Nov 20 1857

7 AGE Years 68 Months 3 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas.

PARENTS

10 NAME OF FATHER Joseph Landau

11 BIRTHPLACE OF ~~FATHER~~ (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Feldlander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jos. E Abrahams

(Address) P O 1245 New Braun Texas

15 Filed 3 29 1926 Per

16 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-15 , 1926 , to 3-29 , 1926 ,

that I last saw h[illegible] alive on 3-29 , 1926

and that death occurred, on the date stated above, at 3 56 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) J. F. Bryant, M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/29/26

20 UNDERTAKER Jos A Finley

ADDRESS Fulton & Forest

FOR IS very important. See instructions on back of certificates. EXACT statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08933

E 08933

101-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument ST., 1-2 WARD)

2-FULL NAME Mary E Mathranga

(a) RESIDENCE NO. 1915 E Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? LIFE yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 11 - 1924

7 AGE: Years 1 Months 17 5 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph A Mathranga

11 BIRTHPLACE OF FATHER (city or town) (State or country) new York city

12 MAIDEN NAME OF MOTHER Ermenia Bucalo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Joseph A Mathranga 1915 E Chase St

15 Filed . 19 Registrar

FOR REGISTRAR'S USE ONLY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-26 19

17 I HEREBY CERTIFY, That I attended deceased from 3-25 . 192 . to 3-29 . 1926 .

that I last saw h[illegible] alive on 3-29 . 1926 .

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

. 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 3/29 1926

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

FROM A VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08934

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Hanover ST. 43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Kemp.

(a) RESIDENCE NO. Hanover Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, ~~or Divorced~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/15/1917.

7 AGE Years 9 Months — Days 12 If LESS than 1 day ~~hrs or min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto., Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Louis E. Kemp.

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Irene Brady

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. (State or country)

14 Informant Louis E. Kemp

(Address) Hanover Md.

15 Filed MAR 29 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-24-, 1926, to 3-27-, 1926, that I last saw her alive on 3-27-, 1926, and that death occurred, on the date stated above, at 11:20 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Meningitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. F. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Kemp's Howard Co

DATE OF BURIAL 3/31/26 19

20 UNDERTAKER Geo. J. Ruhl

ADDRESS 1733 Harford Ave.

FOR IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08935

CERTIFICATE OF DEATH.

E 08935

Registered No. 9

1-PLACE OF DEATH

City of BALTIMORE: (No. 2924 Linwood Place St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Helen A. Short.

(a) Residence No. 2924 Linwood Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) March 17th 1918

7-AGE. 8 yrs. 0 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Rowley L. Short.

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Myrtle Kleiman

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md.

14-

(Informant) Rowley Short

(Address) 2924 Linwood Place

15-

Filed MAR 29 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 27th 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1926 to March 27th, 1926

that I last saw her alive on March 26th, 1926

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 21 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo W. Montgomery M.D.

3/29, 1926 (Address) 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	March 30, 1926
20-UNDERTAKER,	ADDRESS
Geo. J. Ruth	1735 Harford ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08936

CERTIFICATE OF DEATH.

31 E 08936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3226 Eastern av ST. 2 WARD)

2-FULL NAME W. Earle Reckitt

(a) RESIDENCE No. 3226 Eastern ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M. Reckitt

6 DATE OF BIRTH (month, day, and year) Sept 30 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	27	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Reckitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ida Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Helen Reckitt (Address) 3226 Eastern ave

15 Filed APR 7 1926 C. Harrison Jones, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1926, to March 27, 1926, that I last saw him alive on March 27, 1926, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

2 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Fol, M. D.

, 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 31 1926

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 E Broadway

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Unless the exact nature of the occupation is stated, the certificate may be improperly classified.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08937

CERTIFICATE OF DEATH.

161-001 E 08937

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 S. 12th ST., 76-1 WARD)

2-FULL NAME Louis E. Landefeld Jr.

(a) RESIDENCE NO. 634 S. 12th ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 23-1926

7 AGE — Years: — Months: Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Louis E. Landefeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Helen Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Louis E. Landefeld
(Address) 634 S. 12th St.

15 Filed 3 29 1926, 19 .....
HARPER JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1926, 19 ..... to March 28, 1926, 19 ..... that I last saw him alive on March 23, 1926, and that death occurred, on the date stated above, at 8 45 0 m.

The CAUSE OF DEATH* was as follows:

Premature Foetus
6½ months

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tuttle, M. D.

3/28, 1926 (Address) 815 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: March 29 1926

20 UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E. Eager

31

TION is very important. See instructions on back of certificates. ... purposes classified. Enter statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 08938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08938

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 322 E. 20½ St. 17-5 Ward)

2-FULL NAME George E. Cooper

(a) RESIDENCE NO. 322 E. 20½ ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cassie Cooper

6 DATE OF BIRTH (month, day, and year) Unknown 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 016

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Josephine Gibson (Address) 2016 Et. [illegible]

15 Filed MAR 29 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 26, 1926.

that I last saw h[illegible] alive on March 26, 1926

and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH was as follows:

Pneumonia Lobar.

Arteriosclerosis

(duration) yrs mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination & Eye.

(Signed) R. Randall Thomas M. D.

, 19 (Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Mar. 29 1926

20 UNDERTAKER Mark A. Ellis ADDRESS 1720 Ashland Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08939

CERTIFICATE OF DEATH.

129 E 08939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Fayette and Dukeland ST. 17 WARD)

2-FULL NAME Mary E. Thomas

(a) RESIDENCE No. 1022 Myrtle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] 1880

7 AGE — Years: 40 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): La Plata Md

PARENTS

10 NAME OF FATHER: Chas. Guarles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Guarles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: James Lockett

(Address): 1022 Myrtle ave.

15 Filed APR 29 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 27 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/27, 1926, to 3/27, 1926,

that I last saw h e alive on 3/27, 1926,

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C — DATE OF BURIAL: Mar. 25 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1115 Ashland Ave

FROM a very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08940

161-001

E 08940

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 423 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hemp

(a) RESIDENCE NO. Mercy Hospital ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
				7 hrs 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Wm. G. Hemp.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Coffin

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant
(Address) Mercy Hospital

15 Filed MAR 29 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-26, 1926, to 3-26, 1926, that I last saw h alive on 3-26, 1926, and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

7 days.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. F. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Deputy Health Commissioner

MAR 29 1926

IMPORTANT.—PHYSICIANS should state Exact statement of OCCUPATION of DECEASED in plain terms, so that it may be properly classified. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08941

CERTIFICATE OF DEATH.

129 E 08941

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 10 Magnolia Ave (Hamilton) 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma M Snowman

(a) RESIDENCE NO. 10 Magnolia Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 18 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry G. Snowman

6 DATE OF BIRTH (month, day, and year) May 9/1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. S. Wilsom

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Clara Heard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant H. G. Snowman

(Address) 10 Magnolia Ave

15 Filed MAR 29 1926 19 HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mar 27/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis-(Probably chr Nephritis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) yrs. mos. ds.

(Signed) J. S. Bell M. D.

(Coroner)

3/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial March 30 26

20 UNDERTAKER Henry Houck & Son ADDRESS 1501 E Eager

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08942

CERTIFICATE OF DEATH.

X 111-001

E 08942

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD)

2-FULL NAME Mr. Morris Cameron.

(a) RESIDENCE NO Perryville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) March 18-1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Zion Md.

PARENTS

10 NAME OF FATHER G. M. Cameron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Patient

(Address) C. HARRIS JONES, M. D.

15 Filed MAR 29 1926, 19 Per P K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29/26

17 I HEREBY CERTIFY, That I attended deceased from 3/19/26, 19, to 3/29/26, 19, that I last saw him alive on 3/25/26, 19, and that death occurred, on the date stated above, at 7:24 a. m.

The CAUSE OF DEATH* was as follows:

Ulcer of pylorus

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation Heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 3/25/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. H. Jones, M. D.

19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL OR CREMATION: Blue Rock DATE OF BURIAL Apr 2 1926

20 UNDERTAKER Lee A. Patterson ADDRESS Perryville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Lillian Parr

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08943

CERTIFICATE OF DEATH.

+178 E 08943

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 Ward)

2-FULL NAME Mrs Lillian Parr

(a) RESIDENCE No. Miller Locust Va. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 2 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Parr

6 DATE OF BIRTH (month, day, and year) Dec 13 1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Crumpton G Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Maryland

12 MAIDEN NAME OF MOTHER Sarah J Cusick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co Md

14 Informant (Address) Mrs Della W Sharp 1630 McCulloh St

15 Filed MAR 29 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch 25, 1926, to Mch 27, 1926

that I last saw her alive on Mch 27, 1926

and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia 3 days
Accidental
House caught fire

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis,

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sal

(Signed) Wm Campbell M. D.

19 (Address) Franklin & Hope

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Parks — DATE OF BURIAL: Mar 31 19

20 UNDERTAKER: John T Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 08944 HEALTH DEPARTMENT—CITY OF BALTIMORE 01 V

CERTIFICATE OF DEATH. E 08944

1-PLACE OF DEATH — Registered No. C

City of BALTIMORE: (No. 909 N Fremont 17-24 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Hynson

(Residence in Baltimore: No. 909 N Fremont St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col.

5-Single, Married, Widowed, or Divorced (Write the word.): Married

6-DATE OF BIRTH: about 1860 (Month) (Day) (Year)

7-AGE: 65 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Md

PARENTS:

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Lillian Hynson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant): Hallie Hynson

(Address) 909 Fremont Ave

15- Filed MAR 9 1926 192 — WILSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: March 23 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and, from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): ~~Cirrhosis~~

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

March 23 (Address) 202 E Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: M X Cemetery — DATE OF BURIAL: 3/30-26

20-UNDERTAKER: Dent Eaton — ADDRESS: 916 Park

If very important. See instructions on back of certificate. Exact statement of OCCUPATION is required, as statistics only of properly classified.

Spec.—1-10-21—M&T—1500 Blks.

E 08945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08945

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1302 (Street) Riggs Av (Ward) 16-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hall

(a) RESIDENCE NO. 1302 (Usual place of abode) Riggs Av ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Harriet Hall

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	?		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A A Co Md.

PARENTS

10 NAME OF FATHER Parnel Hall

11 BIRTHPLACE OF FATHER (city or town) A A Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Harriet Hall (Address) 1302 Riggs Av

15 MAR 29 1926 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1926, to Mar 26, 1926, that I last saw him alive on Mar 26, 1926 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Thos Frey, M. D.

3/28 1926 (Address) 1922 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Mch 30 1926

20 UNDERTAKER Chas H. Chase Son ADDRESS 1400 Madison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—278—10-21—M&T—1500 Bks.

E 08946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 08946

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 167 WARD)

2-FULL NAME Rose Coleman

(a) RESIDENCE No. 1354 Fremont ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

MARION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col -

5 Single, Married, Widowed, or Divorced, (write the word): Seperated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John. Coleman

6 DATE OF BIRTH (month, day, and year): Unknown. 81

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: days work.

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: L. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va -

12 MAIDEN NAME OF MOTHER: Lottie Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records — JOHNS HOPKINS HOSPITAL (Address)

15 [illegible] CLARKSON JONES, M. D. Registrar

MAR 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 24th 1926, to Mar 26th 1926, that I last saw h e alive on Mar. 26th 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: chronic nephritis, hypostatic pneumonia, chronic myocarditis, terminal anaemia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) anaemia

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? None of

Was there an autopsy? yes

What test confirmed diagnosis? [illegible]

(Signed) Louis E. Mattern M. D.

3-27 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Otterbein Mt. Lancaster Co. Pa. | DATE OF BURIAL: Mch 30 26

20 UNDERTAKER: Sam W. Rose & Son | ADDRESS: 1400 Madison

Spec.—12-9-25—A Co.—200 Bks.

E 08947

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 08947

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 N Burham St. 7-1 Ward)

2-FULL NAME Gloria R Jones

(a) RESIDENCE NO. 809 N. Burham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Mulatto

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Mar 29 1925

7 AGE — Years: | Months: 4 | Days: 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md

PARENTS

10 NAME OF FATHER Harry Jones

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Rose Jarrett

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Rose Jones

(Address) 809 Burham st

15 Filed ..... 19.. C. HA... JONES, M. D. Registrar

MAR 29 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-25 1926 to 3-28 1926

that I last saw h.. alive on 3-28 1926

and that death occurred, on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:

1a—Trismus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edith Lenhart M.D.

29 1926 (Address) 809 N Burham St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Mar 30 1926

20 UNDERTAKER: Jas E Crockson — ADDRESS: 1906 Pand

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Klema

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

08948

CERTIFICATE OF DEATH.

E 08948

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3 Hebrew Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Klema

(a) RESIDENCE NO. 2514 Eastlound a St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catonie Klema

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years 30; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Galicia

PARENTS

10 NAME OF FATHER Joe Klema

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant Catonie Klema

Address 2514 Eastlound

15 Filed 1926 C. HAMPSON JONES, M. D. By Registrar

Per pk.

R. 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

3-27

17

I HEREBY CERTIFY, That I attended deceased from 3-25 19 26 to 3-27 19 26

that I last saw h.. alive on 3-27 19 26

and that death occurred, on the date stated above, at 2:20 p m.

The CAUSE OF DEATH was as follows:

Influenza

Broncho-Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary

edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms.

(Signed) , M. D.

. 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Mar 31 1926

20 UNDERTAKER: Frank E Crook Son — ADDRESS: 1906 Ward

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08949

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 2441 E. Monument St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hlavin

(a) Residence No. 2441 E. Monument St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Hlavin

6-DATE OF BIRTH (month, day and year) Not known

7-AGE, 85 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 0+D

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Hlavin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14- (Informant) Mrs. Liebler

(Address) 2441 E. Monument St.

15- Filed MAR 29 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 28, 1926

17- I HEREBY CERTIFY, That I attended deceased from March, 1925, to March 27, 1926

that I last saw him alive on March 27, 1926

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Mar 28, 1926 (Address) 2002 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Mar. 31, 1926

20-UNDERTAKER, Frank Eichelberger — ADDRESS 1906 Eastern Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08950

94-0E 08050

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 4617 Eastern Ave. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannorah Hartnett

(a) RESIDENCE NO 4617 Eastern Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jeremiah Hartnett

6 DATE OF BIRTH (month, day, and year): Jan 6 1861

7 AGE: Years 65 Months 2 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At home

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Michael Sullivan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Doran

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Julia Wunsch

(Address): 4617 Eastern Ave

15 Filed MAR 29 1926, 19_____ H. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or buriry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) one hr yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hanlon M. D.

(Coroner)

3 28 1926 (Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: March 30th 1926

20 UNDERTAKER: Tilly and Zeile ADDRESS: 403 S. Wolfe St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08951 E 08951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 16-7 + 31 REGISTERED NO.

CITY OF BALTIMORE: (No.) Boy 0 ley (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Silacks

(a) RESIDENCE NO. N.E. 1706 Kearney St. Washington DC
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1898~~ 1899 Nov 21

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
35 yrs.	35	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER William Silacks.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Hoffman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Baltimore City Hospitals
(Address) Hospital Reports

15 Filed 2 9 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to March 27, 1926, that I last saw him alive on March 27, 1926, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Pleurisy Empyema & Pneumothorax (Colon Bacillus)
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 23-26
Was there an autopsy? Expanding & Drainage

What test confirmed diagnosis? Microscopic

(Signed) Dr. P. Champer Jr. M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 30 1926
20 UNDERTAKER Jos Joerdens & Son	ADDRESS 2173 Penn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08952 E 08952

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Blvd, near Calhoun St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Chaney,

(a) RESIDENCE NO. ~~Blvd~~ Washington Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30 1882

7 AGE Years 43 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gas Appliance Co

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Elizabeth Hoeffner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co md

14 Informant Elizabeth Thompson

(Address) Washington Blvd

15 Filed 3 29 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from December, 1925, to March 26, 1926,

that I last saw him alive on March 26, 1926

and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease, mitral insufficiency:

Probably Intermittent.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. A. Straus, M. D.

19 (Address) 1201 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: March 30 26

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 2073 Pres.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08953

CERTIFICATE OF DEATH.

REGISTERED NO. 274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 W. Clement St. (ST.) 7th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Shea

(a) RESIDENCE NO. 7 W. Clement St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Cagney

6 DATE OF BIRTH (month, day, and year) — — 1869

7 AGE: Years 57. Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman &c

(b) General nature of industry, business, or establishment in which employed (or employer): Prudential Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Connecticut

PARENTS

10 NAME OF FATHER: Wm. Shea.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Connolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Anna L. Shea (Address) 7 W. Clement St.

15 Filed 2 9 1926 C. HAMPSON JONES, M. D. Registrar

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

I HEREBY CERTIFY, That I attended deceased from March 8, 1926. to March 29, 1926.

that I last saw him alive on March 29, 1926.,

and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy.

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John C. Schmunk M. D.

1926 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 3/31 1926

20 UNDERTAKER: Hall & Turley Undrs.

ADDRESS 310 E. Eager St.

CAUSE OF DEATH must be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of each item of information is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08954

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. (ST.) 25-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles. Friesen

(a) RESIDENCE No. 1100 - 8th St. ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Marie Friesen

6 DATE OF BIRTH (month, day, and year) July 23 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer Stationary

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Enamel & 030

(c) Name of employer Novelty Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not Know

12 MAIDEN NAME OF MOTHER Do not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Chas. Friesen

(Address) 1100 - 8th St City.

15 1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-22, 1926, to 3-28, 1926, that I last saw him alive on 3-28, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Tongue

Metastasis to glands of neck.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumo.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-23-26

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Thomas F. Ellis, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 31 1926

20 UNDERTAKER Nelson E Stiles

ADDRESS 231 Md. Ave Westport.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

29 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08955

CERTIFICATE OF DEATH.

202 E 08955

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 9-2 Ward)

2-FULL NAME Hanor E Cahill

(a) RESIDENCE NO. 164-4 Gorsuch Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlevoix

6 DATE OF BIRTH (month, day, and year) July 8-1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
62 yrs	5	15		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Ind - Wagon Works 006

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Dan Cahill

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Hugh Cahill

(Address) 1634 Gorsuch

Filed 3-29-1926 C. HARRISON JOHNSON Registrar

Per RPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Vertebra and Skull Caused by Fall or Jump

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

(Signed) W. (Coroner) M. D.

March 29 1926 (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial March 30 1926

20 UNDERTAKER Robt. T. Turner Jun ADDRESS 1142 N Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 08956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08956

CERTIFICATE OF DEATH.

+ 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth A Pitts

(a) RESIDENCE NO. Washington, D.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 ds. How long in U. S., if of foreign birth? 12 yrs 4 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 24/1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER Morris Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Rosenfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Morris Pitts 1155 Shepherd St N.W.

15 29 1926 C. HAMPSON JONES, M. D. Registrar.

Per RTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-26

17

I HEREBY CERTIFY, That I attended deceased from 3-23-26 19 , to 3-29-26 .

that I last saw h[illegible] alive on 3-29-26 19 ,

and that death occurred, on the date stated above, at 12 39 P m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 4 yrs. mos de.

CONTRIBUTORY (Secondary) Bronchopneumonia bilateral

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What [illegible] confirmed diagnosis?

(Signed) Vida Selzer Signed for

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL 3/29 1926

20 UNDERTAKER A. J. Lemmon & Bro ADDRESS 1127 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08957

CERTIFICATE OF DEATH.

179 E 08957

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 1 St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cecilia Litman

(a) RESIDENCE NO. 214 E Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE — Years: 75 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas M Litman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Maria Louisa Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Wm C Litman (Address) 214 E Biddle St

15 Filed: 1 29 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-25-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-25-1926 to 3-25-1926.

that I last saw her alive on 3-25-1926

and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Gall Bladder.

Did an operation precede (death)? Date of 3-18-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operation

(Signed) J. F. Bongard, M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar 30th 1926

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1516 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08958 129 E 08958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 111 Locust Ave (Overlea 274 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton M. Lange

(a) RESIDENCE NO. 111 Locust Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Mar 17/1856

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER August Lange

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhemina Schneider

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Amelia Hansen (sister)

(Address) 111 Locust Ave

9 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Cotter M. D.

(Coroner)

3/29/26 (Address) 508 E north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial: March 29 1926

20 UNDERTAKER: Frank Lassahn Sons — ADDRESS: Fullerton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 08959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08959

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 S. Charles ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Redman McMahan

(a) RESIDENCE NO. 529 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): August 30, 1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Work. 0+0

(c) Name of employer: Water Dept. Ballo Mt

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Philip McMahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret McMahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Brother (Address): Bernard McMahan 122 Valley St.

15 Filed MAR 29 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/29 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/22, 1926, to 3/29, 1926, that I last saw h~~e~~ alive on 3/28, 1926 and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) - yrs. - mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no, Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Dan'l Donnelan, M. D.

3/29 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Mar 31 1926

20 UNDERTAKER: Emma W. Conklin — ADDRESS: 924 E. Eager St.

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08960

E 08960

CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE, (No. Bay View Asylum WARD)

2-FULL NAME George Palmer

(a) RESIDENCE NO. 848 Mongold ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	70 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Palmer

11 BIRTHPLACE OF FATHER (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Maryland

14 Informant Hospital Records

(Address) Baltimore City Hospitals

MAR 29 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17

I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to March 29, 1926.

that I last saw him alive on March 29, 1926.

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

Cerebral Apoplexy. Right & left side hemiplegia

Carcinoma duration Probably mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What confirmed diagnosis? Clinical & Lab Evid

Signed Phil Thayer M.D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa

DATE OF BURIAL Mar 31 1926

20 UNDERTAKER W M Rowton

ADDRESS 2238 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 08961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1427 S. CHARLES ST. 12-6 WARD)

2-FULL NAME BERNARD CRANDLE TROTT.

(a) RESIDENCE NO. 1427 S. CHARLES ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: MARGARET R TROTT.

6 DATE OF BIRTH (month, day, and year): FEB 12, 1869

7 AGE — Years: 57 — Months: 1 — Days: 17 — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 062

(b) General nature of industry, business, or establishment in which employed (or employer): NIGHT WATCHMAN

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): CALVERT Co. MD.

PARENTS

10 NAME OF FATHER: LOUIS TROTT

11 BIRTHPLACE OF FATHER (city or town) (State or country): CALV. Co MD

12 MAIDEN NAME OF MOTHER: RACHAEL SHEPHERD

13 BIRTHPLACE OF MOTHER (city or town) (State or country): CALV. Co MD

14 Informant: MRS. MARGARET TROTT

(Address): 1427 S. CHARLES St

15 C. HAMPSON JONES, M. D.

Registrar

Per

R 2 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MARCH 29 1926

17

I HEREBY CERTIFY, That I attended deceased from JAN 25 1926 to MARCH 29 1926.

that I last saw him alive on MARCH 28 1926.

and that death occurred, on the date stated above, at 8 25 A m.

The CAUSE OF DEATH* was as follows:

CHRONIC INTERSTITIAL NEPHRITIS

HYPERTENSION

CHRONIC MYOCARDITIS

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): UREMIA

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? SIGNS & SYMPTOMS.

(Signed) J. E. Peterman, M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: April 1 1926

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E. Fort Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Raising)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08962

CERTIFICATE OF DEATH.

100-001

E 08962

1-PLACE OF DEATH

City of BALTIMORE: (No.) 546 Hunsen (Hunsen) St., 6th (2) Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annis, Rahuy

(a) RESIDENCE NO. 546 Hunsen (number) St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Annis

6 DATE OF BIRTH (month, day, and year): 2/10-1880

7 AGE: Years 46 Months 3 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Warren Balto Co

PARENTS

10 NAME OF FATHER: John T. Shipley

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Warren Balto Co

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Henderson Wheeler

(Address): 1601 E. 31st

15 Filed 19 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) C. C. Yates M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Mary Hampden Date of Burial 3/31 1926

20 UNDERTAKER: Hunt Cook ADDRESS 5022 North Ave

MAR 29 1926

Do not write in this space. Every item must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08963

E 08963

CERTIFICATE OF DEATH.

100

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 418 S Duncan St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pokrywka

(a) RESIDENCE NO. 418 S Duncan St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1925 Inquiry

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Leo Pokrywka

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER mary Kierepka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Leo Pokrywka

(Address) 418 S Duncan

Filed DEC 9 1925, 19 CHARLES JONES, M. D.

By A. R. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M. Faulkner, M. D.

(Coroner)

3 29 1926 (Address) 701 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary Cem March 30 '26

20 UNDERTAKER — ADDRESS

John McWeber 1803 Bank St

DEC 9 1925

DO NOT WRITE IN THIS SPACE. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08964 E 08964

CERTIFICATE OF DEATH. 1946

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Edgerton Place ST., 15 Auburton WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Virginia Carr

(a) RESIDENCE 3814 Edgerton Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard G. Carr

6 DATE OF BIRTH (month, day, and year) April 16 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	59	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George County Maryland

PARENTS

10 NAME OF FATHER George William Scaggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md

12 MAIDEN NAME OF MOTHER Mary Naylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Mrs William M. Justis

(Address) 3314 Edgerton Place

R 29 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925, to Mar 27, 1926.

that I last saw her alive on Mar 27, 1926,

and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-24-25

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) V Kan Williams, M. D.

, 19 (Address) 601 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL March 30 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. North ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08965

CERTIFICATE OF DEATH.

REGISTERED NO. + 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 Woodlawn Rd (St.) 17-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ward David Williams

(a) RESIDENCE NO. 548 University Park Way (St.)

(Usual place of abode)

WARD Jamesville Wis.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mrs Lee T. Williams

6 DATE OF BIRTH (month, day, and year) Sept 4, 1864

7 AGE: Years 61 Months 7 Days 24 If LESS than 1 day, hrs. ... or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamesville Wis.

PARENTS

10 NAME OF FATHER Charles G. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Noggle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Wilmer W. Wagner (Address) 548 University Parkway

15 Filed MAR 29 1926 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20 1926 to March 28 1926 that I last saw h[illegible] alive on March 27 1926 at 5:30 P. m. and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
Myocardial Insufficiency

(duration) 6 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Embolism in Brain

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Harry Felton M. D.

3/29, 1926 (Address) 224 Gittings Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: March 30, 1926

20 UNDERTAKER: Jos Joerdens + Son — ADDRESS: 217 S. Paca St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 29 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08966

CERTIFICATE OF DEATH.

+124 E 08966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. H-3 Ward)

2-FULL NAME Jas M. Flynn

(a) RESIDENCE NO. Fitzgerald Wa St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX. Man

4 Color or Race white

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 65 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Benj. Flynn

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Lydia Runnells

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mrs Nellie Flynn

(Address) Va

15 Date 2-9-1926 C. HAMPSON JONES, M. D.

Registrar

By DOW

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Duration ..f..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Accidental decompensation

Duration ..yrs. ..mos. ..ds.

Signed M. D.

(Coroner)

(Address) Waverly 16-9 Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At time of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fitzgerald Wa Date of Burial 3/29/26

20 UNDERTAKER George C Talty ADDRESS Fulton & Fayette

Cor. 12-9-25—A Co.—200 Bks. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08967

CERTIFICATE OF DEATH.

90 E 08967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 W. Pratt St. (Ward) 19

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Sapp

(a) RESIDENCE NO. 1418 W Pratt St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Sapp

6 DATE OF BIRTH (month, day, and year): August 4th 1861

7 AGE — Years: 64 — Months: 11 — Days: 22 — If LESS than 1 day, 0 hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto City Fire Dept

9 BIRTHPLACE (city or town) (State or country): Balt - Md

PARENTS

10 NAME OF FATHER: Adam Sapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Chas. Sapp

(Address) 1418 W Pratt St

15 Filed MAR 30 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/20/26, 1926, to 3/26, 1926,

that I last saw him alive on 3/26, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

From Cardiac failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

3-27, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 3-30 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Holins st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08968

90 E 08968

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 N. Eden St St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rice

(a) RESIDENCE NO. 505 N. Eden St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Rice

6 DATE OF BIRTH (month, day, and year) Oct 16/1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker-Silver

(b) General nature of industry, business, or establishment in which employed (or employer) Refining Room

(c) Name of employer Balto. Copper Works

9 BIRTHPLACE (city or town)

(State or country) South Carolina

PARENTS

10 NAME OF FATHER Hadler Rice

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S.C.

12 MAIDEN NAME OF MOTHER Eliza Raysor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant James Rice (Brother)

(Address) 505 N. Eden St

Filed MAR 30 1926 19 C. HARRISON JONES, M. D.

P.M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(reported to have had attacks of acute ingigestion-ate pigs feet night before)(found dead in bed)

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Cole M. D.

(Coroner)

3/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dennire S.C. Date of Burial March 31 26

20 UNDERTAKER John W Henderson ADDRESS 1502 E Monument

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 08969

74-001
E 08969

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1334 N. Gilmor ST. 15 WARD)

2-FULL NAME Mrs. Nancy H. Ennis

(a) RESIDENCE NO. 1334 N. Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Ennis

6 DATE OF BIRTH (month, day, and year): May 1855

7 AGE — Years: 70 — Months: 10 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): West River Md.

PARENTS

10 NAME OF FATHER: Nicholas Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Henrietta Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant (Address): Mrs. Annie Duvall 1432 Orange Ave

15 [illegible] 19

C. HARRY JONES, M. D.

Registrar

MAR 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 24th, 1926, to Mar 27th, 1926.

that I last saw h alive on Mar. 27th, 1926

and that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptomology

(Signed) C. H. Jones, M. D.

, 19 (Address) 713 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: Mar 31 1926

20 UNDERTAKER: Franklin W Seitz — ADDRESS: 709 W 33rd St

IMPORTANT: Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08970

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Maryland Ave ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ormand W. Hammond

(a) RESIDENCE NO. 2315 Maryland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adelaide Martin

6 DATE OF BIRTH (month, day, and year): Sept. 29, 1857

7 AGE — Years: 68 — Months: 5 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candy Mfg.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Augustus Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary V. Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Albert L. Raymond

(Address): 2315 Maryland Ave

15 FILED MAR 30 1926 H. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1924 to March 29th 1926, that I last saw him alive on March 27th 1926, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Lympho-Sarcoma.
(Retro-peritoneal glands.)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Mx from fr metastasis

(Signed) E. L. Wm M D, M. D.

3/29 1926 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy

DATE OF BURIAL: March 31 1926

UNDERTAKER: John O. Mitchell

ADDRESS: 120 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08971

E 08971

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Linden Ave ST. 11-1 WARD)

2-FULL NAME Catherine Feurst

(a) RESIDENCE NO. 1208 Linden Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George J. Feurst

6 DATE OF BIRTH (month, day, and year): Feb. 4, 1852

7 AGE — Years: 74 — Months: 1 — Days: 25

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Carl Fiemiller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Schnafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Emily L. Feurst

(Address): 1208 Linden Ave

15 Filed MAR 30 1926, 19

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sunday March 22nd, 1926 to March 28th 1926, that I last saw her alive on March 28th 10 Oclock P.M. 1926, and that death occurred, on the date stated above, at 1045 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Nephritis

(duration) Mony 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza & Edema of the Lungs

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical history. J.M.H.

(Signed) Wilmer Brinton, M. D.

, 19 (Address) 5-W.Cr-Calvert & Centre Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: March 31, 1926

20 UNDERTAKER: John O. Mitchell | ADDRESS: 120 N. Fayette St.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 08972

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 N Amity ST. 18-2 WARD)

2-FULL NAME Moses King

(a) RESIDENCE NO. 111 N Amity ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feby. 6. 1923

7 AGE — Years: 3 — Months: 1 — Days: 21 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nil and

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baeto and

PARENTS

10 NAME OF FATHER: Balcom King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wilson N.C.

12 MAIDEN NAME OF MOTHER: Addie Best

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Addie King

(Address): 111 N Amity

15 Filed MAR 30 1926 — HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 27, 1926, that I last saw him alive on March 25, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (Chronic)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. S. Reveille M. D.

(Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cy. DATE OF BURIAL: Mar 30 1926

20 UNDERTAKER: Ernest Rice ADDRESS: 106 W Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08973

E 08973

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Woodside Road, Ten Hills ST. 7-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Reimer

(a) RESIDENCE No. 5101 Woodside Road, Ten Hills WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Reimer

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	27	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Knoxville, Tenn

PARENTS

10 NAME OF FATHER David Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Charles Reimer

(Address) 5101 Woodside Road, Ten Hills

15 Filed MAR 30 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29 1926

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to March 29, 1926, that I last saw her alive on March 28, 1926, and that death occurred, on the date stated above, at 2.20 A. m.

The CAUSE OF DEATH* was as follows:

Pemphigus

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pennington, M. D.

3.29, 1926 (Address) Drury Lane, Ten Hills

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mar. 31 1926

20 UNDERTAKER: Jos Black — ADDRESS: 1003 W Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08974

CERTIFICATE OF DEATH.

101-21 08974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 N. Calvert ST. 17th (or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W. Hall Brady

(a) RESIDENCE No. 1612 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Askew Brady

6 DATE OF BIRTH (month, day, and year) March 24, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44		5	

8 OCCUPATION OF DECEASER

(a) Trade, profession or particular kind of work Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Hall Brady

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Dimus

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Fannie Askew Brady (Address) 1612 N. Calvert St

15 Filed MAR 30 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to March 29, 1926, that I last saw him alive on March 29, 1926, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Frank M. Simms M. D.

3/30, 1926 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL March 31, 1926

20 UNDERTAKER R. Madison Mitchell ADDRESS 1218 Washington St Havre de Grace Md.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

THIS IS A PERMANENT RECORD.

Cor.—12-9-25—A Co.—200 Bks.

Wm Owens Corkran

E 08975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08975

101-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Owens Cokran

(a) RESIDENCE NO. 916 E. pratt St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of nnne

6 DATE OF BIRTH (month, day, and year) Sept 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.Md

PARENTS

10 NAME OF FATHER James S Cockran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.Co. Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant James S. Cockran

(Address) 916 E.Pratt St

15 Filed MAR 30 1925 C. HAMPSON JONES, M. D. Registrar

Per Harold

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to hix death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Mitchell, M. D.

(Coroner)

3/29/26 (Address) 508 E. Nor h Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Date of Burial 3/31 1925

20 UNDERTAKER John G. Kuran ADDRESS 3000 E. 3.

If death occurred in a hospital or institution, the certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE WITH PEN AND INK—THIS IS A PERMANENT RECORD.

Spec.—1-10-21—M&T—1500 Bks.

E 08976

E 08976 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08976

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 832 willow ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Martha Houston

(a) RESIDENCE NO. 832 willow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Houston

6 DATE OF BIRTH (month, day, and year) July 3 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	72	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER James Bennill

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Rose Thorpe

(Address)

Filed MAR 30 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 30. 1926

17 I HEREBY CERTIFY, That I attended deceased from 1. 2. 1926 to 3. 30. 1926

that I last saw her alive on 3. 29. 1926

and that death occurred, on the date stated above at 2:40A m.

The CAUSE OF DEATH* was as follows: Epithelioma skin on left side of face involving maxilla, mucles & tone of left side with complete destruction of same. (duration) Dont Know

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Edward Norris M. D.

3.30. 1926 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL April 2 1926

UNDERTAKER Jos Markline Son

ADDRESS West Hall

IMPORTANT: WRITE IN INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11 E 08977

REGISTERED NO.

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. 18-3 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest H. Ruby.

(a) RESIDENCE NO. 925 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara V. Herzing Ruby

6 DATE OF BIRTH (month, day, and year) Jan 17 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Water Department

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Clara Ruby

(Address) 925 W Lombard St

15 Filed MAR 30 1926, 19 C. HAMPSON JONES, M.D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 19 26, to March 27, 19 26,

that I last saw h alive on 3/27 19 26

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis Hemorrhagic

Suppurative Appendicitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Emergency Hospital

Did an operation precede death? Yes, Date of 3/24/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Surgical Findings

(Signed) Doris Contributor M. D.

March, 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Mar 30 1926

20 UNDERTAKER Chas F. Clawson & Son, Per F. J. Clawson

ADDRESS 901 Gorsuch Ave

MAR 30 1926

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

IMPORTANT—WRITE WITH INDELIBLE PENCIL OR PEN AND BLACK WRITING INK—THIS IS A PERMANENT RECORD.

Spec.—1-10-21—M&T—1500 Bks.

1908 74

08978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08978

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 137 WARD)

2-FULL NAME Oliver Cornish

(a) RESIDENCE NO. 652 Eddalston Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE: Years 17 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade profession or particular kind of work: Child -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Cornish

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Ella Penny

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed MAR 30 1926 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25. 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 12th, 1926, to Mar 25th, 1926, that I last saw h[illegible] alive on Mar. 25th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

acute exacerbation pulmonary rheumatic fever

acute rheumatic pericarditis

endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis incipient

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Chester S Keefer M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL 3/30 1926

20 UNDERTAKER Emanuel T Brusley ADDRESS 578 N Eden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08979

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 08979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 23-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Chambers

(a) RESIDENCE No. 1017 S. Howard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 35 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER: Martin Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Sallie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed MAR 30 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to March 25 1926, that I last saw him alive on March 25, 1926, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

3/26 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL 3/30 1926

20 UNDERTAKER: Samuel A Wesley ADDRESS 1700 E Balto

INFORMATION REQUIRED PRIVATELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 001
E 08980

CERTIFICATE OF DEATH.

E 08980
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1916 White St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Smallwood

(a) RESIDENCE NO. 1916 White St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Jane Smallwood

6 DATE OF BIRTH (month, day, and year): 1845 Autumn

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER Anthony Smallwood

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Mitchell

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Alberta Brown

(Address) 1916 White St.

15 Filed MAR 30 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 March 28

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 28, 1926, that I last saw him alive on March 27, 1926, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCaul, M. D.

March 29 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md — Date of Burial 3-30 1926

20 UNDERTAKER: Samuel K Bentley — ADDRESS W Balto

IMPORTANT—WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08081

CERTIFICATE OF DEATH.

90E 08081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 W. Mulberry St ST. 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Wilmore

(a) RESIDENCE. NO. 714 W Mulberry st ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wilmore

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chester Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

11 Informant John W Wilmore

(Address) 714 W. Mulberry st

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27- 1926

17 I HEREBY CERTIFY, That I attended deceased from March 3 . 1926 . to March 27 . 1926 . that I last saw h alive on March 27 . 1926 . and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Non

(Signed) Marcellus E. Coney, M. D.

, 19 (Address) 1745 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	4/1 26
20 UNDERTAKER	ADDRESS
Mrs. Kate R. Williams & Schwaderer	

MAR 30 1926

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08982 +124 E 08982

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Baltimore St. Met WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Chase

(a) RESIDENCE No. #5 Union St, Westminster ST., WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ada Chase

6 DATE OF BIRTH (month, day, and year) Century

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ada Chase

(Address) Westminster, Md

15 Filed MAR 30 1926, 19

C. HARPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-23, 1926, to 3-29, 1926, that I last saw him alive on Mar. 29th, 1926, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Oedema

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Cardio Vascular-Renal Disease

(duration) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Edenson, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cheptr Westminster — DATE OF BURIAL 4/1 1926

20 UNDERTAKER H. Bankard & Son — ADDRESS Westminster Md

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 08983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08983

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 21-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Foley Butler

(a) RESIDENCE NO. 32 (Usual place of abode) Garrison Ave St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Butler

6 DATE OF BIRTH (month, day, and year) March 25 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thos. C. Butler

11 BIRTHPLACE OF FATHER (city or town) Balto., Md (State or country)

12 MAIDEN NAME OF MOTHER Louisa —

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md (State or country)

14 Informant Baltimore City Hospitals Records (Address)

MAR 30 1926

C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1926, to March 29 1926.

that I last saw him alive on March 29, 1926

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Diabetes Mellitus

Residual hemiplegia — 11 mos.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary embolus

(duration) yrs Instantaneous

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

3/29, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL May 31 1926

20 UNDERTAKER Edw. J. Kenna Inc. ADDRESS N. Paca

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Warnick

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08984

CERTIFICATE OF DEATH.

179 E 08984

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 147 N. Front ST. 5-1 WARD)

2-FULL NAME Mary A. Warnick

(a) RESIDENCE NO. 147 N. Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of late John Warnick

6 DATE OF BIRTH (month, day, and year) May 2 - 1842

7 AGE: Years 83 Months 10 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Sprowl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Grace Wellatord

(Address) 174 N Fant st.

15 Filed MAR 30 1926 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925. to Mar 29, 1926.

that I last saw her alive on Mar 28, 1926

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald F. Tovey, M. D.

2-29. 1926 (Address) 1414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 31 26

20 UNDERTAKER: Robt F Turner Sons — ADDRESS: 1412 E Broadway

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E 08985

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 08985

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Fleet ST. 1-4 WARD)

2-FULL NAME Georgeann Barr

(a) RESIDENCE No. 3114 Fleet ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Bernard Barr

6 DATE OF BIRTH (month, day, and year) Mch. 13-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph D. Guthrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Ann Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Harry E. Barr

(Address) 3114 Fleet St.

15 Filed C. HARRISON JONES, M. D. Registrar

MAR 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to March 27, 1926, that I last saw h alive on March 27, 1926, and that death occurred, on the date stated above, at 8:55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) ? yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) N. J. Davidson M. D.

, 19 (Address) 3011 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Mch. 30 1926
20 UNDERTAKER	ADDRESS
Wm. C. Black	927 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08986

CERTIFICATE OF DEATH.

129 E 08986

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 12-S Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Nesbit

(a) RESIDENCE NO. 110 W. 20th St. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) S. C.
(State or country)

PARENTS

10 NAME OF FATHER Ranson Nesbit

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed MAR 30 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to March 26, 1926, that I last saw h. alive on March 26, 1926 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Chronic Myocarditis
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

3/27 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner of Health

Dr. Mr. & Mrs. Russell

MAR 30 1926

Page

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08987

CERTIFICATE OF DEATH.

129 E 08987

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1928 E. Chase St. ST., 8-4 WARD)

2-FULL NAME Bridget M. Dunnigan

(a) RESIDENCE NO. 1928 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Dunnigan

6 DATE OF BIRTH (month, day, and year) Unknown 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Francis Carney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Carrigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Andrew J. Dunnigan (Address) 1928 E. Chase St.

15 Filed MAR 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17 I HEREBY CERTIFY, That I attended deceased from October, 1926, to March 29, 1926, that I last saw her alive on March 28, 1926, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Unk yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2124 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/31-1926

20 UNDERTAKER Chas. E. Kraus & Son

ADDRESS 1130 W. Royal Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 08988

90 E 08928

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Light St. ST., 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Schrifogle.

(a) RESIDENCE No 1100 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, HUSBAND of XXXXXXXXXXXX Bertha Schrifogle.

6 DATE OF BIRTH (month, day, and year) September 18, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Advertising manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William E. Schrifogle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Massey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Worcester Co. Md.

14 Informant Mrs. Charles Dehn. (sister)

(Address) 417 E. Hamburg St.

15 Filed MAR 30 1926 1492 (C. HARRISON JONES, M. D.) Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Femoral Thrombosis.

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

March 30 1926 (Address) 1617 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL March 31 1926

20 UNDERTAKER Margaret J. Flynn

ADDRESS 142 E. Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

8485
E 08989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 08989

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Honeyblue

(a) RESIDENCE NO. 511 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 Year	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Marshall Honeyblue

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mattie Creecy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 H. HARRISON JONES, M. D. Registrar

For RK

MAR 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Mar. 28, 1926, that I last saw h alive on Mar. 28, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial, Post Ter-
tussis Rickets.

(duration) yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. Jacobson M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 3/30 19 26

20 UNDERTAKER Howard Easton — ADDRESS 916 Pine

P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08990

CERTIFICATE OF DEATH.

101-E 08990

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen Hospital ST., 11-2 WARD)

2-FULL NAME George W Leishear.

(a) RESIDENCE NO. Woodlawn Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Leishear

6 DATE OF BIRTH (month, day, and year) Dec 26 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lisbon &
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Riggs a Leishear

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Matilda Feldman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Deceased.
(Address) Woodlawn Md

15 Filed C. HAMPSON JONES, M. D.
Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1926, to March 30, 1926, that I last saw him alive on March 30, 1926, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute Nephritis.

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac Arrest

(duration) yrs. mos. 3 min

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory

(Signed) Kent C. Hammond, M. D.

, 19 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL April 1, 1926

20 UNDERTAKER John O. Mitchell ADDRESS 120 W. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-08991

90 E 08991

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1910 E. Lafayette Ave ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Batzer

(a) RESIDENCE NO. 1910 E Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of George S. Batzer

6 DATE OF BIRTH (month, day, and year) April 15 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Rentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. George S. Batzer

(Address) 1910 E. Lafayette Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-12 1925 to 3/29 1926, that I last saw h[er] alive on 3-29 1926, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1- yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller, M. D.

, 19 (Address) 1520 W Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Apr. 1 1926

20 UNDERTAKER Henry Storck Son — ADDRESS 1501 E Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

E 08892

HEALTH DEPARTMENT—CITY OF BALTIMORE

08892

CERTIFICATE OF DEATH.

101-21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Jones

(a) RESIDENCE NO. Riderwood Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Howard G. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Record.

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MAR 30 1926 Per R.R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1926, to Mar 30, 1926.

that I last saw him alive on Mar 30, 1926

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dublin Cem. Darlington Md

DATE OF BURIAL: 3-30 1926

20 UNDERTAKER: H. S. Bailey, Darlington Md

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 08993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08993

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 937 Bennett Place St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Olivia A. Winchester

(a) Residence No. 937 Bennett Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed~~, or Divorced. (Write which word is correct.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 17-1863

7-AGE. 62 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Sheet Metal

(b) General nature of Industry, business, or establishment in which employed (or employer). Worker

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Olivia A Winchester

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Carolyn Bruce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

11- (Informant) Carroll A. Winchester

(Address) 937 Bennett Place

15- Filed C. HAMPSON JONES, M. D. Registrar.

Per

MAR 30 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 29/1926

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1926 to Mar 29 1926

that I last saw h alive on Mar 29 1926

and that death occurred, on the date stated above, at 12 A m

The CAUSE OF DEATH was as follows: Acute Exudative Dilatation

Chronic Mitral Regurgitation

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P Chambers M. D

Mar 30 1926 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (I) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bonnie Brae

DATE OF BURIAL. March 31 1926

20-UNDERTAKER. H. L. Browning & Son

ADDRESS 517 N Schroeder

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08994

E 08994

CERTIFICATE OF DEATH.

161-00

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 N Mount St St. 19-1 Ward)

2-FULL NAME Baby Curtis

(a) RESIDENCE NO. 1124 N Mount St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 30 26

7 AGE — Years: X — Months: X — Days: X — IF LESS than 1 day.....hrs. or.....min. 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore MD

(State or country) Maryland

PARENTS

10 NAME OF FATHER Dan Carter

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Hanna Saunders

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Maryland

14 Informant _____

(Address) _____

MAR 30 1926 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 30 1926

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to March 30, 1926, that I last saw h~~e~~ alive on March 30, 1926, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Physical Condition of Premature Birth

(duration) — yrs. ? mos. — ds.

CONTRIBUTORY (Secondary) Physical condition of Mother (duration) — yrs. ? mos. — ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) C. H. Jones, M. D.

, 19 (Address) 1126 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Commissioner Health.

MAR 30 1926

By Wm. F. McCosh

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08995

E 08995

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 E Preston ST. 9-1 WARD)

2-FULL NAME John J. Gately

(a) RESIDENCE No. 822 E Preston ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of Kath. Gately

6 DATE OF BIRTH (month, day, and year) Mar 7 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Michael J. Gately

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Malone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs J. E. Gately 822 E Preston St

15 MAR 30 1926 C. HAMPSON JONES, M. D. Registrar

Per R.P.N.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 23, 1924, to Mar 28, 1926, that I last saw h alive on Mar 28, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

about
(duration) two yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

3 30 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	3/30/1926
20 UNDERTAKER J. G. Moran	ADDRESS 300 E Baltimore

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08996

CERTIFICATE OF DEATH.

66

E 08996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2016 E. Lanvale ST. 8-2 WARD)

2-FULL NAME Thomas M. Whalen

(a) RESIDENCE No. 2016 E. Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna C. Whalen

6 DATE OF BIRTH (month, day, and year): August 8 1875

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7 4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Anna C. Whalen

(Address): 2016 E. Lanvale St

15 MAR 30 1926 C. HAMPSON JONES, M. D. Registrar

Per BRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 1926

17

I HEREBY CERTIFY, That I attended deceased from March 26 1926 to March 28 1926, that I last saw h[illegible]ive on March 28 1926 and that death occurred, on the date stated above, at 2.20 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

Toxemia -

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary): Chronic Alcoholism

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William R. Schwartz M. D.

3/28 1926 (Address) 1200 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Co

DATE OF BURIAL: March 1926

20 UNDERTAKER: Wm C Miller & Son

ADDRESS: 2327 [illegible]

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08997

CERTIFICATE OF DEATH.

100 E 08997

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1925 Sherwood Ave (St.) 9-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith M. Baker

(a) RESIDENCE NO. 1925 Sherwood Ave (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Bab

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 1 - 1926

7 AGE: Years | Months: 11 | Days: 10 29 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edward Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Alice Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co.

14 Informant: Edward Baker

(Address) 1925 Sherwood Ave

15 Filed MAR 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/30/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/29/26, 19 , to 3/30/26, 19 ,

that I last saw her alive on 3/29/26, 19

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchio

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. Lovington Jr M. D.

3/30/26 (Address) 1011 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar 31 1926

20 UNDERTAKER: Mrs C. Hillerton — ADDRESS: 233 N Gilmor

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOT TO BE USED FOR BINDING

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08998

CERTIFICATE OF DEATH.

7-2 179

E 08998

1-PLACE OF DEATH

City of BALTIMORE: (No. 512 N. Chapel St St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John A. Sterner

(a) Residence No. 512 N. Chapel St. St.,..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Barbara Sterner

6-DATE OF BIRTH (month, day and year) Sept 25-1861

7-AGE, 64 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 630

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Sterner

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Hamill

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14- (Informant) John J. Sterner

(Address) 519 N. Greenly St

15- Filed MAR 30 1926 C. HAMPSON JONES, M. D. Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 29/26

17- I HEREBY CERTIFY, That I attended deceased from March, 1924 to March, 1926 that I last saw h— alive on March 29, 1926 and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary) Cardiac hypertrophy + decompensation

(Duration) 1 yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

March 29, 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, March 31, 1926

20-UNDERTAKER, Wm. F. Heathy ADDRESS 857 N. Gay St.

SHOULD BE WRITTEN IN INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08999

08999

CERTIFICATE OF DEATH

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH South Baltimore Gen Hosp.

CITY OF BALTIMORE: (No.) Light ST. 76-5 (WARD)

2-FULL NAME Victor Erkkila

(a) RESIDENCE NO. 3409 Mt Pleasant Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilja Erkkila

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 41				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Mill

(c) Name of employer Bethlehem Steel Works

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER John Erkkila

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Victor Erkkila

(Address) 3409 Mt Pleasant Ave

15 Filed . M.

Per Registrar

C. HARPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to March 28, 1926, that I last saw h alive on March 25, 1926, and that death occurred, on the date stated above, at 3:10 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY, (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. W. Nelson M. D.

, 19 (Address) South Balt Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Mar 31 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St

APR 30 1926

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09000

CERTIFICATE OF DEATH.

90

E 09000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2932 Clifton Park Terrace (ST.) (WARD)

2-FULL NAME Jacob R. Doren

(a) RESIDENCE NO. 2932 Clifton Park Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane E. Doren

6 DATE OF BIRTH (month, day, and year): May-12-143

7 AGE: Years 80 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jacob F. Doren

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: ? Rocky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: W. Carl Eppers

(Address): 3314 Elmora Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 29 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926. to Mar 29, 1926.

that I last saw h[illegible] alive on Mar 29 1926.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
arteriosclerosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Donally M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Harford Co

DATE OF BURIAL: 4/1 1926

20 UNDERTAKER: William Cook

ADDRESS: So E Nath

MAR 30 1926

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Rhs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09001 E 09001

CERTIFICATE OF DEATH.

12-190

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2158 Railroad St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia A Carr

(a) RESIDENCE NO. 2158 Railroad Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

MARK IN RESERVED FOR BINDING

-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exactness of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley L Carr

6 DATE OF BIRTH (month, day, and year) Sept 14 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 NAME OF MOTHER Hannah Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant William H Carr

(Address) 2158 Railroad Ave

MAR 30 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1926 to Mar 29 1926, that I last saw h alive on Mar 29 1926 and that death occurred, on the date stated above, at 11 25a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Mucous Rale over chest

(Signed) Thos F Chilton M. D.

(Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Clare

DATE OF BURIAL Apr 1 1926

20 UNDERTAKER Williamback & Son

ADDRESS 1026 E North Ave

1926 C. HARRISON JONES, M. D.

Registrar

1926 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09002

E 09002

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 16-2 Ward)

2-FULL NAME Helen Wellener

(a) RESIDENCE NO. 603 Aisendale Ct St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 10 1883

7 AGE: Years 43 Months 1 Days 19

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Harbor Board

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Jno. G. Wellener

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Virginia Colfelt

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Paul Wellener

(Address): 603 Aisendale Ct

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pleuritis

Jan Bron (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) probably Pneumonia Jan Bron

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Helwig M. D.

(Coroner)

, 19 (Address) 1649 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery Date of Burial March 31, 1926

20 UNDERTAKER: Hughes & Jones Inc. ADDRESS 1121 W Fayette St

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state C... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... very important. See instructions on back of certificate.

APR 3 1926 C. THOMPSON JONES, M.D.

RTA

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99903 CERTIFICATE OF DEATH. X 1326 E 99903

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St. Balto WARD)

2-FULL NAME Joseph Jeffers

(a) RESIDENCE NO. Church Home & Inf. Balto Md. WARD Harford Co Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Annie Crawford Jeffers.

6 DATE OF BIRTH (month, day, and year): May 5. 1863

7 AGE: Years 62 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Truck Foreman Rly.
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad 073
(c) Name of employer: P.R.R.

9 BIRTHPLACE (city or town) (State or country): Harford County Md.

PARENTS

10 NAME OF FATHER: Benjamin Jeffers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Sara A. Stapleford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U.S.A.

14 Informant: Annie C. Jeffers
(Address): Middle River Md.

15 Filed MAR 30 1926
C. HAMPSON JONES, M. D. Registrar
Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 21 1926, 19 ..., to Mar 28, 1926,
that I last saw him alive on Mar 24, 1926.
and that death occurred, on the date stated above, at 2.35 p m

The CAUSE OF DEATH* was as follows:

Urinary Calculus
Hypertrophied Prostate (Benign)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 25 Mar. 1926.

Was there an autopsy?

What test confirmed diagnosis? Operation. Clinical Tests

(Signed) George B Bruce M. D.

19 (Address) Church Home Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cemetery, Balto Co Md — DATE OF BURIAL: Mar 31 1926

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 414 N. Broadway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 E 9004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09004 E 09004

CERTIFICATE OF DEATH.

1118-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2916 Auchentoroly Ter St.) (WARD)

2-FULL NAME Albertina Schoepcke

(a) RESIDENCE No. 2916 Auchentoroly Ter St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 81 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Fredk. Kluth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Saml P. White

(Address) 2916 Auchentoroly Ter

15 Filed MAR 31 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 29 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21 1926 to March 29 1926, that I last saw her alive on March 29 1926, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Henry Mc Bayley, M. D.

March 31 1926 (Address) 2805 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Mar 31 1926

20 UNDERTAKER: Wm Fickus Sons — ADDRESS: North & Pa

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. 69005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09006 E 09005

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 N Gilmor ST. 14-1 WARD)

2-FULL NAME George Brown

(a) RESIDENCE NO. 315 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer James Corner & Co.

9 BIRTHPLACE (city or town) (State or country) Wilmington, N. Ca.

PARENTS

10 NAME OF FATHER York Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington, N. Ca.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilmington, N. Ca.

14 Informant Lillian Burley (daughter)

(Address) Hanover St, Mt Winans

15 Filed MAR 31 1926, 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/26

17 I HEREBY CERTIFY, That I attended deceased from 3/17, 19 26, to 3/28, 19 26,

that I last saw h alive on 3/28/26 19

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis,

Hypostasis,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostasis (contd)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard J Tenny, M. D.

3/28/26 19 (Address) 910 Winston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL 3/31/1926

20 UNDERTAKER Katie R. Williams ADDRESS 322 North Schroeder St,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

69006.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 09006

1-PLACE OF DEATH Maternity Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 24-2 WARD)

2-FULL NAME Christina Brown

(a) RESIDENCE NO. 1739 S. Williams ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15, 1922

7 AGE: Years 3 yrs. Months 9 Days 15 25 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Alfred Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Ottolene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Humanity Rends

(Address)

15 Filed MAR 31 1926, 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-23, 1926, to 3-30, 1926, that I last saw h. alive on Mar 30, 1926, and that death occurred, on the date stated above, at 5:40 m.

The CAUSE OF DEATH* was as follows:

3rd degree burn of chest, back, & arms -

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pneumonia (Bronchial)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phy. Exam

(Signed) Reglewanfield, Jr. M. D.

, 19 (Address) 1000 Hoppkins Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 1926

20 UNDERTAKER John Pellini — ADDRESS 200 Orleans

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Curtis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09007.

CERTIFICATE OF DEATH.

100-001

E 09007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 Emory St., 22-1 Ward)

2-FULL NAME Bruce Curtis

(a) RESIDENCE NO. 216 Emory St Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 10 24

7 AGE: Years 1 Months 16 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Marion Curtis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Addie Spencer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs. Curtis

(Address) 216 Emory St.

Filed C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30 1926

17 6 AM I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Harold S. Bishop M. D.
(Coroner)

, 1926 (Address) 33 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Date of Burial: Mch 31 1926

20 UNDERTAKER: A. L. Brown & Son ADDRESS 108 W. Monty

MAR 31 1926

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DO NOT WRITE IN THIS SPACE—RESERVED FOR BINDING

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09008

CERTIFICATE OF DEATH.

E 09008

REGISTERED NO. 169

1-PLACE OF DEATH

City of BALTIMORE: (No. Lake Ashburton St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Clarence Mears

(a) RESIDENCE NO. 3403 Lyndale Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 21-1903

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	22	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Messenger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Post Dispatch

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Frank Mears

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Edith Hulseman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Fritz Hulseman

(Address): Balto Md

Filed ..... 19 ..... HARRISON JONES, M. D.

Registrar

MAR 31 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Drowning

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

Duration ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Radcliffe M. D.

(Coroner)

(Address) Mar 31/26 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial: March 31 1926

20 UNDERTAKER: Chas E. Frazier ADDRESS: 802 Madison Ave

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09009 24-001 **E 09009**

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 1201 E Preston ST. 10-E WARD)

2-FULL NAME Mary Catherine Mac Leary.

(a) RESIDENCE NO. 1201 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. * How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 Jears	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER David Mac Leary

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth A McNulty

13 BIRTHPLACE OF MOTHER (city or town) Balto md
(State or country)

14 Informant Sarah J magaine
(Address)

15 Filed .19 Registrar

MAR 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feby 2 .1926. to Mch 30 .1926.

that I last saw h alive on Mch 29 .1926.

and that death occurred, on the date stated above, at 2. a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms & Signs

(Signed) W H Magaine M. D.

.19 (Address) 2439 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery | DATE OF BURIAL April 1 1926

20 UNDERTAKER John B Spence | ADDRESS 1325 N Caroline St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09010

CERTIFICATE OF DEATH.

129 **E 09010**

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 Madison Ave St. W WARD)

2-FULL NAME Isaac Green.

(a) RESIDENCE NO. 1425 Madison Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 20. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clinton Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland ?

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia ?

14 Informant Ida Henry.
(Address) 1425 Madison ave.

15 Filed MAR 31 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from December 18, 1925 to March 30, 1926, that I last saw him alive on March 28, 1926, and that death occurred, on the date stated above, at 5:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Organic heart disease

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? myocarditis & Albuminuria

(Signed) Chester Riland, M. D.

3-30, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 4/1 1926

20 UNDERTAKER Samuel Kemp

ADDRESS 1425 Bolton

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09011

CERTIFICATE OF DEATH.

E 09011

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital.

CITY OF BALTIMORE: (No. 11-1 ST. WARD)

2-FULL NAME James E. Diggs.

(a) RESIDENCE NO. 1028 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Musetta Diggs

6 DATE OF BIRTH (month, day, and year): 8/72

7 AGE: Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

(c) Name of employer: none of recently

9 BIRTHPLACE (city or town) (State or country): Balto, Md.—

PARENTS

10 NAME OF FATHER: Henry Diggs

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucy Taylor

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

14 Informant (Address): Arthur Brown 328 W. 53—N.Y.C.

15 Filed MAR 3 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 29th 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3-27- 1926. to 3-29- 1926.

that I last saw him alive on 3-29- 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:-

Structure urethra, & hypertrophied prostate.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Harry F. Cates. M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 28 19 26

20 UNDERTAKER: Samuel J. Brasley

ADDRESS: Belle

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09012

CERTIFICATE OF DEATH.

E 09012

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Winona Apts ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Robert Lewis

(a) RESIDENCE No. Winona Apts ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 49 yrs. ? mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Martin Lewis

6 DATE OF BIRTH (month, day, and year): Oct-1-1876

7 AGE — Years: 49 Months: 5 Days: 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Publisher

(b) General nature of industry, business, or establishment in which employed (or employer): Advertising

(c) Name of employer: A. M. Davis Co.

9 BIRTHPLACE (city or town) (State or country): Halmington N. C.

PARENTS

10 NAME OF FATHER: Geo. G. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Staunton Virginia

12 MAIDEN NAME OF MOTHER: Maria Coffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nantucket Rhode Island

14 Informant: Mrs Mary Martin Lewis (wife)

(Address): Winona Apts.

15 Filed MAR 3 1926, 19. C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 29nd 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24 1926. to March 29nd 1926.

that I last saw him alive on March 29nd 1926.

and that death occurred, on the date stated above, at 7.35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Both Lungs)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis?

(Signed) Gilbert A Mortimer M. D.

19 (Address) 530 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: March 31 1926.

20 UNDERTAKER: STEWART & MOLVEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 09013

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-001

E 09013

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Greene & Lombard ST. 15-12 WARD)

2-FULL NAME Katherine Mc Gall

(a) RESIDENCE No. 1734 Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Campbell Mc Gall

6 DATE OF BIRTH (month, day, and year): Sept 28/1862

7 AGE: Years 63 Months 6 Days 0 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Heinrich Biese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Ernhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elsie Huntemann

(Address) 1734 Smallwood Ave

15 Filed MAR 31 1926

C. HARPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926. to March 28, 1926.

that I last saw h[illegible] alive on March 28, 1926.

and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Strangulated epiplocele with collapse of anterior abdominal wall.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 25.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. J. Coonan M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: 3/31/26

20 UNDERTAKER: Geo. Weber, Son

ADDRESS: 2503 E. Monument

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09014

CERTIFICATE OF DEATH.

58-001

E 09014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2621 N. Charles ST. 12-3 WARD)

2-FULL NAME Sallie Shipley Geis

(a) RESIDENCE NO. 2621 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John H. Geis

6 DATE OF BIRTH (month, day, and year) May 19 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn A. A. Co Md

PARENTS

10 NAME OF FATHER John L. Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md

12 MAIDEN NAME OF MOTHER Comsadel Shipley

13 BIRTHPLACE OF MOTHER (city or town) Shipleys (State or country) A. A. Co Md

14 Informant John H. Geis

(Address) 2621 N. Charles st

15 FILED MAR 31 1926 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925 to March 30 1926

that I last saw h er alive on March 29, 1926

and that death occurred, on the date stated above, at 2-10 a m.

The CAUSE OF DEATH* was as follows:

Primary anaemia

(duration) 1 yrs. 8 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elmer B Freeman M. D.

, 19 (Address) 412 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	April 1 1926
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. Fayette ave

Cathedral st

INFORMATION, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Stokes.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09015 E 09015

CERTIFICATE OF DEATH.

12-431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 - 22½ St. St. 12 WARD)

2-FULL NAME Mary Bonner Stokes

(a) RESIDENCE. No. 314 - 22½ St. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6yr ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fe	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E S. Stokes

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	~~Dec~~	~~27~~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Nelsons

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Michael, Md

12 MAIDEN NAME OF MOTHER Sarah Earls

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant My Mother Sarah Earls (Address) 314 22½ St

15 Filed MAR 31 1926 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to May 28, 1926, that I last saw h[illegible] alive on May 28, 1926, and that death occurred, on the date stated above, at 5:00 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) L. G. Johnson M. D.

19 (Address) 2529 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL March 31 1926

UNDERTAKER Inrs R A Elliott

ADDRESS 1725 Ashland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 09016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09016

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 Welcome Alley ST., 27-1 WARD)

2-FULL NAME Lillie M.Turner.(C)

(a) RESIDENCE No 550 Welcome Alley. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) January 20,1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER McKinley Turner.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 NAME OF MOTHER Rose Spence.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant Rose Spence(C) mother.
(Address) 550 Welcome Alley.

15 Filed APR 1 1926, 192 C. THOMPSON JONES, M. D. Registrar
By K.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Measles.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

March 30, 1926 (Address) 1819 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 3/30 1926

20 UNDERTAKER Jane Easton — ADDRESS 916 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09017

CERTIFICATE OF DEATH.

E 09017

REGISTERED NO. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 W Lexington ST 70-3 WARD)

2-FULL NAME Edward S. Hahn

(a) RESIDENCE NO. 2135 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hahn

6 DATE OF BIRTH (month, day, and year) Dec 8, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	56	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Oneal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Margaret Hahn

(Address) 2135 W Lexington St

Filed MAR 31 1926 HARRISON JONES, M. D. Registrar

Per

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to March 29 1926

that I last saw him alive on March 29 1926

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Chr Interstit Nephritis

Myocarditis (Duration Entire)

Arteriosclerosis

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Ordinary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Robert C Fitch M. D.

3/31 1926 (Address) 345 Hilton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL April 1 1926

20 UNDERTAKER George J Smith ADDRESS 153 Hollins st

Spec.—1-10-21—M&T—1500 Bks.

E 09018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09018

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Kate Ave. Forest Park ST., 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Bishop

(a) RESIDENCE NO. 3912 Kate Ave Forest Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elias Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Zeletha Royston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Margaret Hackney

(Address) 3912 Kate Ave Forest Park

15 Filed , 19 Registrar

C. HAMPSON JONES

MAR 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24th 1926, to March 30th 1926, that I last saw him alive on March 30th 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis and Sepsis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Herbert E. Zepp, M. D.

3/30/1926 (Address) 3048 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Baltimore Md — DATE OF BURIAL April 2 1926

20 UNDERTAKER George J. Smith — ADDRESS 1531 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

185

E 09019

CERTIFICATE OF DEATH.

REGISTERED NO.

E-09019

1-PLACE OF DEATH

City of BALTIMORE: (No. U. B. Gen. Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ebenezer Harman

(a) RESIDENCE NO. 2919 Edmondson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Harman

6 DATE OF BIRTH (month, day, and year) April 6 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	81	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Marryard

(b) General nature of industry, business, or establishment in which employed (or employer) Employee of

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Joseph Harman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Susanna Frankle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Clara Harman

(Address) 2919 Edmondson Ave

Filed MAR 31 1926 HARRISON JONES, A. M. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

ACC

Accidental Fall fracture of neck Femur

(duration) yrs. 6 mos. 26 ds.

CONTRIBUTORY (Secondary) Hyp- Pneumonia

(duration) mos. 2 ds.

(Signed) J. E. Radd M. D.

(Coroner)

Mar 31/26 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial April 1 1926

20 UNDERTAKER George J. Smith ADDRESS 153 L Hollins

Cor.—12-9-25—A Co.—200 Bks.

E 09020

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 09020

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balt City Hospital St. [illegible] Ward)

2-FULL NAME William G. Haas

(a) RESIDENCE NO. 2708 Boston St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sail Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt city

(State or country)

PARENTS

10 NAME OF FATHER Frank Haas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Stemmler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Oliver Haas

(Address) 3334 E Balto St.

Filed [illegible] 19 [illegible] Registrar

MAR 31 1926 O. HARRISON JONES, M. D.

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James McAulay M. D.
(Coroner)

3 31 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn	Mar 31 1926

20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09021 E 09021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga ST., 13th WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Sifrle

(a) RESIDENCE No. 3982 Elm Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced (or) WIFE of Mary Sifrle

6 DATE OF BIRTH (month, day, and year) May 24, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER John Sifrle

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Sarah Price

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Mrs. Jas Sifrle

(Address) 3982 Elm Ave

Filed MAR 31 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 27, 19 26, to March 31, 19 26, that I last saw h alive on March 31, 19 26, and that death occurred, on the date stated above, at 2.55 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. E. Norment, M. D.

3/31, 19 26 Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Carroll Apl 2 19 26

DATE OF BURIAL

20 UNDERTAKER C. Henry Wilson & Son ADDRESS 2617 Eastern Ave

C. HAMPSON JONES, M. D.

Per RK

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09022

CERTIFICATE OF DEATH.

129 E 09022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 10-1 ST. WARD)

2-FULL NAME Mr. Wm. D. Castle.

(a) RESIDENCE NO. 524 Mt Holly ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Harriet Castle

6 DATE OF BIRTH (month, day, and year) Dec 23-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	0	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Wm. D. Castle

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Catlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Frederick Castle

(Address) 524 Mt Holly St

15 Filed MAR 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1926, to March 29 1926, that I last saw him alive on March 29th, 1926 and that death occurred, on the date stated above, at 8:32 p m

The CAUSE OF DEATH* was as follows:

Perineal Abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis - uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of March 20/26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F Katen, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Mar 1926

20 UNDERTAKER Richard Cox & Co — ADDRESS 1723 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09023

CERTIFICATE OF DEATH.

161-001

E 09023

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. H-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lambert.

(a) RESIDENCE NO. Mercy Hosp. City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25-'26

7 AGE — Years — Months — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: newborn

(b) General nature of Industry, business, or establishment in which employed (or employer): Old.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Maryland

PARENTS

10 NAME OF FATHER William Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Liebaugh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. Maryland

14 Informant (Address): Mrs Lambert - 5252 Fairview Ave

15 C. HAMPSON JONES, M. D. Registrar

MAR 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1926 to March 30, 1926, that I last saw him alive on March 30, 1926, and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. P. Bourne, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

MAR 31 1926

U. S. WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entries must be complete and accurate. Information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIAN'S should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09024

CERTIFICATE OF DEATH.

111-001

E 09024

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry L. Malone

(a) RESIDENCE NO. 1428 Fort Ave. ST., 14 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Malone

6 DATE OF BIRTH (month, day, and year): MAY 1876

7 AGE: Years 49 Months 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Saloon Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Harry Malone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Gillespie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Baltimore City Hospitals Records

(Address)

Filed MAR 31 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to March 31, 1926, that I last saw him alive on March 31, 1926 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer
Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Gastric Ulcer probably due to Alcohol (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. Lindsay Miller, M. D.

3/31/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lake Lawn

DATE OF BURIAL 4/3 1926

20 UNDERTAKER: John J. Lahey & Sons

ADDRESS 1310 Eighty St

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Shanahan ✓

E 09025 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09025
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3in Se.Cour Hospital ST. 16-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Shanahan

(a) RESIDENCE NO. 1120 N. Fulton Ave. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) 7/7/1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Shanahan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Coen

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mary Shanahan
(Address) 1120 N. Fulton Ave.

15 Filed , 19 C. HARPSON JONES Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 30, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 19 25, to March 30, 19 26, that I last saw h alive on March 29, 19 26, and that death occurred, on the date stated above, at 10:00 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Conrad Hemdelman M. D.

, 19 (Address) 26 N. Fulton Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cem

DATE OF BURIAL 4/6 19 26

20 UNDERTAKER Paul F. Alleydorn

ADDRESS 1318 Eutaw St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

R 3 1926

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09026 — 1925 29 — E 09026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. Gen. Hosp 129 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., 70-3 WARD)

2-FULL NAME John Newton Lewis

(a) RESIDENCE NO. 2559 Edmondson ave. ST. ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Zora de Alvarez Lewis

6 DATE OF BIRTH (month, day, and year) Dec 2 nd 1856

7 AGE: 69 Years | 3 Months | 28 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

10 NAME OF FATHER: Middleton Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va.

12 MAIDEN NAME OF MOTHER: Eliza Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va.

PARENTS

14 Informant: John Newton Lewis

(Address): 2559 Edmondson ave

MAR 31 1926

Registered.

C. HAMPSON JONES, M. D., Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to March 30, 1926

that I last saw h/ alive on March 30, 1926

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy.
Chronic Nephritis with
Hypertension & Endocarditis

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Post Operative Shock

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of March 30, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) A. N. Magruder Jr. M. D.

, 19 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va. — DATE OF BURIAL: April 2/26

UNDERTAKER: F. B. Hupfeld — ADDRESS: 150 W. Balto

INSTRUCTIONS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09027.

E 09027

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 South Monroe ST. 705 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Velvey L. Harp

(a) RESIDENCE No. 332 South Monroe Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred All yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Marion D. Harp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Helen L. Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cleveland, Ohio

14 Informant Mrs. H. L. Keller

(Address) 332 South Monroe Street

Filed MAR 31 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 30/26

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1925, to Mar 30, 1926.

that I last saw h[illegible] alive on Mar 29, 1926.

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(duration) 4 yrs. 10 mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Autopsy + Laboratory

(Signed) James H. Kirkbride, M. D.

3/30/26 (Address) 1729 W. Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Park Cem. DATE OF BURIAL: April 1st 1926

UNDERTAKER: Joseph B. Cook ADDRESS: 1003 N. Pa. St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09028

11-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Montford Ave. St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Shaney

(a) RESIDENCE NO. 124 N. Montford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Shaney

6 DATE OF BIRTH (month, day, and year) March 26 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesaler

(b) General nature of Industry, business, or establishment in which employed (or employer) Fish Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass.

PARENTS

10 NAME OF FATHER John Henry Shaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Margaret Shaney

(Address) 124 N. Montford Ave

Filed MAR 31 1926, 19

C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1926, to Mar. 30, 1926, that I last saw him alive on Mar 30, 1926, and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:

Acute meningitis

Cam unknown (Cerebral)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt. J. Green, M. D.

3-31, 1926 (Address) 120 Augusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Apr. 2 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

(Susan Voss Norris)

E 09029

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 09029

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 307 St Paul St. 11-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Voss Norris

(Residence in Baltimore: No. 1307 St Paul St. 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED, WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: November 23rd, 1853 (Month) (Day) (Year)

7 AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George S Norris

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Frances Wyatt

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Baker

(Address) 701 St Paul St

15 Mar 31, 1926 C. HAMPSON JONES, M. D. per A

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 31, 1926 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from about 6 Mo, ~~191~~, to Mar 31 1926, that I saw h[illegible] alive on Mar. 30, 1926, and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease about (Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Aortic Insufficiency about (Duration) yrs. 6 mos. ds.

(Signed) H. L. Grimes M. D.

Mar 31, 1926 (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lassiston Forest

DATE OF BURIAL: April 2nd, 1926

20 UNDERTAKER: Henry H Jenkins & Sons

ADDRESS: Oliver & McCulloh Sts

R.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 31 1926

THIS IS A PERMANENT RECORD

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09030

CERTIFICATE OF DEATH.

185 E 09030

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. G. Nuetzel

(a) RESIDENCE NO. 807 N. Glover St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __ yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Biener Nuetzel

6 DATE OF BIRTH (month, day, and year) August 4/1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Millwright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Southern Can Co

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Nuetzel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kastler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Margaret Nuetzel

(Address) 807 N. Glover St

15 Filed MAR 31 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-frac. Skull Frac. ribs, clavicle &ruptured stomach. Accident-fell from scaffold at Southern Can Co.

(duration) __ yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary)

(duration) __ yrs. __ mos. __ ds.

(Signed) J. L. Wolfe M. D.

(Coroner)

3/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death __ yrs., __ mos., __ ds. In the State __ yrs., __ mos., __ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Date of Burial April 1, 1926

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans St.

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09031

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 E. Hoffman ST. 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emeline Kneller

(a) RESIDENCE No. 2118 E. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Kneller

6 DATE OF BIRTH (month, day, and year) March 20-1836

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
90	-	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Manchester, (State or country) Carroll Co., Md.

PARENTS

10 NAME OF FATHER Michael Kneller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jefferson Co., Pa.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know

14 Informant Harvey L. Kneller

(Address) 2118 E. Hoffman St.

15 Filed MAR 31 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17

I HEREBY CERTIFY, That I attended deceased from March 13. 1926. to March 30. 1926. that I last saw her alive on March 30. 1926. and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests

(Signed) Albert Klingenstein M. D.

3/31/1926 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester, Carroll Co, Md. DATE OF BURIAL April 2 1926

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09032

CERTIFICATE OF DEATH.

191

E 09032 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 N Eutaw St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Klinck

(a) RESIDENCE NO. 854 S-Broad St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Ship

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed APR 1 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Shot Fatal wounds of head

(Duration) yrs. How long

CONTRIBUTORY (Secondary) Shock Instant

(Duration) yrs. mos. ds.

(Signed) H. Hobbs M. D.

(Coroner)

March 30, 1926 (Address) 1453 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial April 1926

20 UNDERTAKER H. Hampson Jones, M. D. ADDRESS [illegible]

S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09033

CERTIFICATE OF DEATH.

E 09033

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 5-1 Ward)

2-FULL NAME Michael Laracco

(a) RESIDENCE NO. 422 East St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): July 30/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Phillip Laracco

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Sarah Magio

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Phillip Laracco

(Address): 422 East St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - probably following Measles

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....mos. .....ds.

(Signed) J. J. Collins M. D.

(Coroner)

3/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — Date of Burial: 4/1/26

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 220 Bway

APR 1 - 1926

LK

A. B. C.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

1926 316 E 09034

HEALTH DEPARTMENT—CITY OF BALTIMORE

Aca

153 E 09034

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2-1 WARD)

2-FULL NAME Jennie Markiewski.

(a) RESIDENCE NO. 17 S - Ann St. ST., Balto WARD Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 19, 1926.

7 AGE: Years ... Months 1 mo. Days 12 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER John Markiewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Sawicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926. C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to March 31, 1926, that I last saw her alive on March 31, 1926, and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:

Conjunctivitis, pneumococcus, Cellulitis of face with abscess

(duration) yrs. ... mos 8 ds.

CONTRIBUTORY (Secondary) Osteomyelitis femur left and septicaemia

(duration) yrs. ... mos. ... 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Mar 29 '26

Was there an autopsy? yes

What test confirmed diagnosis? Operation & culture

(Signed) J. L. Reichert, M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: April 1 1926

20 UNDERTAKER: Chas B Kuckuckas — ADDRESS: 631 S Paca St

PRT

NOTICE—PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—10-21—M&T—1500 Bks.

1926 213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09035

CERTIFICATE OF DEATH.

129 E 09035

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Saunders

(a) RESIDENCE NO. 807 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER — Sam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jamil Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed APR 1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 22nd, 1926, to Mar 29th, 1926, that I last saw h alive on Mar 29th, 1926, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) unknown mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? Yes-

What test confirmed diagnosis? Clinical tests

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Apr 1 1926

20 UNDERTAKER John H. Trodden — ADDRESS 1027 Druid Hill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09036

CERTIFICATE OF DEATH.

E 09036

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Maryland & Pulaski Ave Westport

City of BALTIMORE: (No. #58 Engine House St., 21-3 Ward)

2-FULL NAME Chas J. Keller.

(a) RESIDENCE NO. 614 Scott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Machin

6 DATE OF BIRTH (month, day, and year) 12/24/1889

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	36	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain 37

(b) General nature of industry, business, or establishment in which employed (or employer) Balt. City

(c) Name of employer Fire Dept.

9 BIRTHPLACE (city or town) _____

(State or country) Ohio. U.S.

PARENTS

10 NAME OF FATHER Richard Keller

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ohio U.S.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) U.S.

14 Informant Mrs. Emma Keller

(Address) City

15 Filed APR 1 1926 19 E. HERBERT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 1 hr.

(duration) yrs. mos. hrs.

CONTRIBUTORY (Secondary) Exhaustion 7 hrs.

(duration) yrs. mos. ds.

(Signed) G C Blades M. D.

(Coroner)

(Address) 145 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial 4/2/26

20 UNDERTAKER Geo. J. Muth ADDRESS 1735 Harford Ave.

A. S. ABRIL PRINT, WITH CARBON INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09037

CERTIFICATE OF DEATH.

90 E 09037

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 E Pratt ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linda Berman

(Residence in Baltimore: No. 1015 E Pratt st St.: 34 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-(If single, MARRIED, widowed, or DIVORCED. (Write the word.)) Married

6-DATE OF BIRTH, ... (Month) Nukeman (Day) 1 (Year)

7-AGE. 25 yrs. — mos. — da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nukeman

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Nukeman

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robbie Braslow Berman

(Address) 1015 E Pratt st

15- Filed ..... 1928 C. HAMPSON JONES, M. D. per 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1925, to March 31 1928, that I saw h[er] alive on March 29 1928, and that death occurred, on the date stated above, at 9:00 P.M.

The CAUSE OF DEATH* was as follows:

Old age

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

..... (Duration) ..... yrs. 2 mos. ..... da.

(Signed) M. L. Hilsman M. D.

March 31, 1928 (Address) 1015 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1015 E Pratt st

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rodeph Sholom

DATE OF BURIAL. 4/1/28

20-UNDERTAKER Sol Levinson & Bro

ADDRESS 1172 Balto st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09038

CERTIFICATE OF DEATH.

118-001

118 E 09038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp ST 3-1 WARD)

2-FULL NAME Solomon Losinsky

(a) RESIDENCE NO. 920-22-E. Lombard St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	m	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Losinsky

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dry Goods Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sophia Losinsky
(Address) 920 E. Lombard St

Filed APR 1 - 1925 HARRISON JONES, M. D.
Per ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and frnm the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Failure
(Incarcirated Hernia., no operation

(dutation) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Kallen, M. D.
(Coroner)

3-30-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 4/1 1925

20 UNDERTAKER Jos. Levin — ADDRESS 1409 E. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09039

CERTIFICATE OF DEATH.

31 E 09039

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 N. Dallas St. 8-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Wilson

(a) RESIDENCE NO. 1519 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col ~~White~~	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Allen

6 DATE OF BIRTH (month, day, and year) Nov 17/1903

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
22	23	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0-10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester CO. Md

PARENTS

10 NAME OF FATHER George Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ollie Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ollie Allen (mother)

(Address) 1519 N. Dallas St.

Filed APR 1 - 1926 19 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Kaufman, M. D. (Coroner)

3/30/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md Date of Burial April 1st 26

20 UNDERTAKER Mrs. R. C. Elliott ADDRESS 1325 Eutaw

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09040

101-01 E 09040

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1119 Brent ST. 17-1 (WARD)

2-FULL NAME Eugene Collins

(a) RESIDENCE NO. 1119 Brent ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of ~~LATE NAME of~~ May Collins

6 DATE OF BIRTH (month, day, and year) Mar 18 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O&P

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant May Collins

(Address) 1119 Brent st.

Filed APR 1 - 1926 C. H[illegible] Registrar

Per EKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 26, 1926, to Mar 30, 1926

that I last saw ~~him~~ alive on Mar 30, 1926

and that death occurred, on the date stated above, at 9:25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) Frank E. Wagner M. D.

Mar 31, 1926 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL April 2 1926

20 UNDERTAKER Mrs Ida Crawden

ADDRESS 1708 E Madison

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09041

CERTIFICATE OF DEATH.

52 E 09041
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 237 W. Lafayette ave ST. 111 WARD)

2-FULL NAME Kate Baum Porter

(a) RESIDENCE NO. 237 W. Lafayette ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry W Porter

6 DATE OF BIRTH (month, day, and year): Oct 3 1853

7 AGE — Years: 72 — Months: 5 — Days: 27 25 — If LESS than 1 day, hrs. or . min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Joppa Maryland

PARENTS

10 NAME OF FATHER: Charles Baum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Joppa Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Hinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): maryland

14 Informant: Harry W Porter
(Address) 237 W. Lafayette ave

15 Filed ... 19... C. HARPER JONES, M. D. Registrar
Per ...

SEP 1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to March 30, 1926, that I last saw h[illegible] alive on March 29, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Arthritis

(duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Edward Mumz, M. D.

March 31, 1926 (Address) 1517 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 1926

20 UNDERTAKER: John B. Spence — ADDRESS: 1325 N Carlton St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09042

CERTIFICATE OF DEATH.

188-003

E 09042

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Penna Station

City of BALTIMORE: (No. 2123 Wilkens St., 26 Ward)

2-FULL NAME Carl Frankenberg

(a) RESIDENCE NO. 2123 Wilkens St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 3 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Wm.	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Frankenberg

6 DATE OF BIRTH (month, day, and year) Feb. 21-1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	1 mo	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinsmith

(b) General nature of industry, business, or establishment in which employed (or employer) Own Shop

(c) Name of employer Charles Swilzer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Heinrich Frankenberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mark Hurt Jr.

(Address) West Pratt St

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

3-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY Alcoholism

(Secondary)

(duration) yrs. mos. ds.

(Signed) Adams Evans M. D.

(Coroner)

, 19 (Address) 33 S Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial April 1. 1926

20 UNDERTAKER C. W. Dill ADDRESS 3109 Frankstown Ave

Bon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 09043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09043
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 Brune St., 17-W Ward)

2-FULL NAME Fred Gladden

(a) RESIDENCE NO. 708 Brune St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hostler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Henry Brusie

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Fred Gladden
(Address) 708 Brune St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

A. Indigestion & Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) C. W. Grayson

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Gladden M. D.
(Coroner)

Mar 30 26 (Address) 1143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 4/1 1926

20 UNDERTAKER Nathaniel Easter ADDRESS 916 Pa Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1926

Spec.—1-12-23—M&T—500 Bks.

(Norella Wyatt)

E 09044 HEALTH DEPARTMENT—CITY OF BALTIMORE

47 E 09044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. Genl. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1613 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Norella Wyatt

(a) RESIDENCE NO. 2704 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: James E Wyatt

6 DATE OF BIRTH (month, day, and year): April 25, 1864

7 AGE — Years: 61 — Months: 11 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Henry Basye

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Annie Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. Norella Wyatt

(Address) 2704 Madison Ave

15 Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926 to March 31, 1926

that I last saw her alive on March 31, 1926

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rt. Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Post Operative shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of March 31, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Pathology, Clinical

(Signed) R. L. Mercer, M. D.

, 19 (Address) West Balto Genl. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: APR 3 - 1926, 19

20 UNDERTAKER: Geo W Little — ADDRESS 2700 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 09045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09045

101-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospital ST., ... WARD)

2-FULL NAME James Bochenski.

(a) RESIDENCE NO. 415 S Duncan ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	28.	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fleming & Cooper Worker

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Frank. Bochenski

11 BIRTHPLACE OF FATHER (city or town) Poland.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Lazanska ~~Bochenski~~

13 BIRTHPLACE OF MOTHER (city or town) Poland.
(State or country)

14 Informant Mrs Frank Bochenski
(Address) 415 S Duncan St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1926.

17

I HEREBY CERTIFY, That I attended deceased from Mar 25, 1926, to Mar 31, 1926,

that I last saw him alive on Mar 31, 1926,

and that death occurred, on the date stated above, at 6 00 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. ..... mos. 0 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) James Nelson, M. D.

, 19 (Address) 1863 Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary cem — DATE OF BURIAL April 3 1926

20 UNDERTAKER John M Weber — ADDRESS 1803 Bank St

APR 1 - 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—6-9-13—H. P. Co.—1000 Bks.

E 09046 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09046

CERTIFICATE OF DEATH.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Every item of information should be stated EXACTLY. PHYSICIANS should state AGE should be stated if any information supplied.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Carey St.: 14-1 WARD) REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Stein

(a) RESIDENCE. No. 210 S. Carey ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2 1922

7 AGE: Years 3 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Michael Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Servia

12 MAIDEN NAME OF MOTHER Ethel Spearman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Ethel Stein

(Address) 210 S Carey St

Filed APR 1 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 15, 1926, to March 31, 1926, that I last saw h er alive on March 31, 1926, and that death occurred, on the date stated above, at 4th P. m.

The CAUSE OF DEATH* was as follows:

Cardiac paralysis & dilatation

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia & Empyema & Otitis Media (duration) yrs. 2 mos. ds. 4 weeks

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. W. V. Cliff M. D.

3/31, 1926 (Address) 1012 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: April 3 1926

20 UNDERTAKER: Jos. Staub ADDRESS 1200 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 09047.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 09047.

REGISTERED NO. 1253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. Balto Md. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Williams

(a) RESIDENCE No. 2306 N Calvert St. Balto Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced [redacted] of Fredrick Keep Williams

6 DATE OF BIRTH (month, day, and year): Sept. 17-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Fredrick Keep Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rhode Island

12 MAIDEN NAME OF MOTHER: Sarah Elizabeth Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: John M. Williams

(Address) 25 E Fayette

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 19 , 1926 , to Mar 31 , 1926 ,

that I last saw her alive on Mar 31 , 1926

and that death occurred, on the date stated above, at 9.15 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes

Carcinoma of Breast

Femoral Hernia Strangulated Rt.

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary): Diabetic Coma

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Mar 14/26.

Was there an autopsy? No.

What test confirmed diagnosis? Operation. Clinical Tests.

(Signed) H. O. Smith, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: April 2 1926

20 UNDERTAKER: Chas. E. Franck ADDRESS: 502 Madison Ave

For

IMPORTANT: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09048

E 09048

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1317 Nilson ST., 9-7 WARD)

2-FULL NAME Marie. A. Kelly.

(a) RESIDENCE NO. 1317 Nilson ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 17 1899

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
26	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John. E. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret. M. Hagerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. John. E. Kelly

(Address) 1317 Nilson st

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1919, to March 30, 1926, that I last saw him alive on March 30, 1926, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? urine, blood chemistry etc

(Signed) Hiram Friedenwald, M. D.

3/31, 1926 (Address) 913 N. Charles str

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Apr. 3 1926

20 UNDERTAKER: Henry Horak Son — ADDRESS: 1301 E Eager st

Number should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

THOMPSON-JONES, Inc.

APR 1 - 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09049

CERTIFICATE OF DEATH.

185 E 09049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 27 E. White Ave (Street) Hamilton (WARD) 7-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina A. Stiefel

(a) RESIDENCE NO. 27 E White Ave (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed or divorced (or) WIFE of late Tobias Stiefel

6 DATE OF BIRTH (month, day, and year) July 1st 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 0-0

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm. Auertz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Miss. Sommer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Clara D. Stiefel (Address) 27 E White Ave

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

APR 1 - 1926 JR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27. 1926. to March 31. 1926. that I last saw her alive on March 29. 1926, and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age
(Chronic Myocarditis)

over

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Fracture neck Left Femur

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

4/1. 1926 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: April 5th 1926

20 UNDERTAKER: Henry Hoerle Son — ADDRESS: 1301 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09050

CERTIFICATE OF DEATH.

5 E 09050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Druid Hill Ave Ward 14-1)

2-FULL NAME Harriett Pinkney

(a) RESIDENCE No. 2214 Druid Hill Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Pinkney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Beaufort S. C.

12 MAIDEN NAME OF MOTHER Sarah Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Towson Md

14 Informant Charles H. Cook

(Address) 2214 Druid Hill Ave

15 Filed APR 1 1926 R. K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26 th. 1926. to March 29 th. 1926.

that I last saw h[er] alive on March 26 th. 1926,

and that death occurred, on the date stated above, at 9:40 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

4 days coma for 4 days

(Duration) yrs mos ds

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs mos 14 ds.

18 Where was disease contracted if not at place of death? e

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chew, M. D.

3/30. 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 4/1 1926

20 UNDERTAKER David T. Housley

ADDRESS W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

E 09051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09051

CERTIFICATE OF DEATH.

10 F 004

1-PLACE OF DEATH

City of BALTIMORE: (No. Bald. City Hospital No. 7 Ward) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number (and fill out No. 18.)

2-FULL NAME.... Charles Kochner

(Residence in Baltimore: No. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Unknown 1 (Month) (Day) (Year)

7-AGE. About 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 0

9-BIRTHPLACE, (State or Country). Maryland?

PARENTS

10-NAME OF FATHER. Kochner

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed APR 1 1926 H. HANSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar 11 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Exitus death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yr. mos. ds.

(Signed) James M. Anton M. D. (Coroner)

Mar 27 1926 (Address) 707 E. Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death yrs. mos. Balto City Hospital yrs. mos. ds. In State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. 19

20-UNDERTAKER. ADDRESS

Commissioner Health. APR 1

UNIVERSITY OF MARYLAND

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 09052

Kraemer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-801

E 09052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 733 W Lexington St., 41 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Kraemer

(a) RESIDENCE NO. 733 W Lexington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mann

9 BIRTHPLACE (city or town) _____

(State or country) Md

PARENTS

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Mann

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Wm Kraemer

(Address) Penn St

15 Filed _____, 19 _____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

3-3-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coasting Accident

Skiliide

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) Edward J. Davies M. D.
(Coroner)

, 19 26 (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____ Date of Burial _____ 19

20 UNDERTAKER _____ ADDRESS _____

Use ink or indelible pencil. Fill in all blanks. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09053

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 09053

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 3219 Guyon Ave ST. 5 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felitzitas Ertel

(a) RESIDENCE. No. 1111 Darley Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Nicholas Ertel

6 DATE OF BIRTH (month, day, and year): Nov. 11-1841

7 AGE: Years 85; Months 4; Days 20; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: August Strauch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 (Informant) Mr John Ertel

(Address) 2140 Harford Ave

Filed 1926 19 C. HARRISON JONES, M. D. Registrar

Per L K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30 19 ... to ... 19 ...

that I last saw h[illegible] alive on March 30 1926

and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Myocardial Asthenia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Mrs. R. Johnson M. D.

3/31. 26 (Address) 1206 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Apr. 3. 1926

20 UNDERTAKER: Robt. J. Turner Inc

ADDRESS 1442 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09054

CERTIFICATE OF DEATH.

5/E 09054

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 76-9 WARD)

2-FULL NAME John Stevens or Kolodziej

(a) RESIDENCE No. 2007 S 10th ST. 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE: 70 Yr. | Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John Stevens or Kolodziej

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Stevens or Kolodziej

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 3/30 19 26 C. HARPER JONES, Registrar

PR1 - 1926 by L.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12 1925 to March 30 1926, that I last saw him alive on March 30 1926 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis
Rheumatic Myocarditis (Valvular)

(duration) yrs. 7 mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) D. Lindsay Miller, M. D.

3/31 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. | DATE OF BURIAL: April 3 1926

20 UNDERTAKER: Stephen J. Fialkowski | ADDRESS: 1000 Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09055

CERTIFICATE OF DEATH.

100 E 09055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Eastern ave ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena A. Guntz

(a) RESIDENCE NO. 2509 Eastern ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo F Guntz

6 DATE OF BIRTH (month, day, and year): Dec 3 1852

7 AGE: Years 73 Months 3 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Geo H Hankel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margt Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: M. Guntz (Address) 2509 Eastern ave

15 Filed: - 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1926, to March 30, 1926, that I last saw her alive on March 30, 1926, and that death occurred, on the date stated above, at 6 A P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Kiger M. D.

19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: apr 2 1926

20 UNDERTAKER: J. L. Moran

ADDRESS 3000 E Baltimore St.

Mailed should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 10-21—M&T—1500 Bks.

E 09056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09056

CERTIFICATE OF DEATH

X 38

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Turner

(a) RESIDENCE NO. 322 Mahoning Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 69

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER George Turner

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Sarah Phillips

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant .....

(Address) Records -

15 1926 C. HAMPSON JONES, M. D.

Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27th 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 22nd, 1926, to Mar 27th, 1926, that I last saw h alive on Mar 27th, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis
Arteriosclerosis aortic
Aortic incompetence
Suspended circulation

(duration) 2 yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Ohio

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S Keefer M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupa... TION is very important. See instructions on back of certificates.

1

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09057

CERTIFICATE OF DEATH.

89

E 09057

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E 24th St ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R Schmidt

(a) RESIDENCE No. 200 E 24th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Eliza S. Schmidt

6 DATE OF BIRTH (month, day, and year) Nov 2nd 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	70	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germainy (State or country) Tanna

PARENTS

10 NAME OF FATHER Frederick Schmidt

11 BIRTHPLACE OF FATHER (city or town) Tanna (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Tanna (State or country) Germany

14 Informant Mrs Eliza S. Schmidt (Address) 200 E 24th St

15 Filed ....., 19.... Registrar

1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1924 to Mch 31 1926, that I last saw him alive on Mch 31 1926, and that death occurred, on the date stated above, at 1045 P m.

The CAUSE OF DEATH* was as follows:

Heart failure

10 years

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) C. N. Gabriel M.D.

, 19 (Address) 2413 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	April 2nd 1926
20 UNDERTAKER	ADDRESS
Henry W Jenkins & Son	Oakland & Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 09058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4030 Falls Road ST.) 13-2-90 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Ray.

(Residence in Baltimore: No. 4030 Falls Road St.) 25 yrs., 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan. (Month) 29 (Day), 1901 (Year)

7-AGE, 25 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Warsaw Elevator Co

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, William H. Ray

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Gertrude M. Baker

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Ray

(Address) 4030 Falls Road

15-

FILED 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

Diabetes 2 yrs.

Heart 8

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Hampson Jones M. D. (Coroner)

3/31 1926 (Address) 1032 Reliance

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge — DATE OF BURIAL, April 2, 1926

20-UNDERTAKER Lorain H. Burgee — ADDRESS 3631 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09059

CERTIFICATE OF DEATH.

3/ E 09059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 327 N. Eutaw ST., 4-7 WARD)

2-FULL NAME Elizabeth Noonan

(a) RESIDENCE NO. 327 N. Eutaw ST., WARD

(Usual place of abode) About

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced • HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Retail

(b) General nature of industry, business, or establishment in which employed (or employer) Jewelry Merchant

(c) Name of employer 045

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert J. Noonan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant S. R. Mears (Address) 805 N. Calvert St.

15 1 - 1926 C. HAMPSON JONES, M. D. Registrar RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3/29 19 26 to 3/31 19 26 that I last saw h alive on 3/31 19 26 and that death occurred, on the date stated above, at 10.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of --.

Was there an autopsy? No

What test confirmed diagnosis? obvious!

(Signed) Frank E. Magee, M. D.

4/1 19 26 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 4/2 19 26

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09060 E 09060

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 25-27 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sadie Kesmodel

(a) RESIDENCE NO. Nicholson Rd, Essex Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. 7 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Charles Kesmodel

6 DATE OF BIRTH (month, day, and year) Mar. 22-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry Kirst

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Kraft

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Charles Kesmodel
(Address) Nicholson Rd. Essex Md

15 Filed 1-1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-26, 1926, to 4-1, 1926, that I last saw h e alive on 4-1, 1926, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Cerebral Embolism

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Howard Howell, M. D.

, 19 (Address) Wagner Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL April 5 1926

20 UNDERTAKER George L. Schmidt ADDRESS 201 Fulton Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

09061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09061

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Forrest St. 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcella Finnin

(a) RESIDENCE NO. 1115 Forrest St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: about-85 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Timothy Finnin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Dyer

(Address) 1115 Forrest St

15 [illegible] 1926 C. HARRISON JONES, M. D. Registrar

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/31 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/14, 1926 to 3/31, 1926.

that I last saw h[illegible] alive on 3/30, 1926

and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) yrs. 8 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wise M. D.

4/1, 1926 (Address) 914 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral DATE OF BURIAL: Apr 2 1926

20 UNDERTAKER: H. C. Wiedefeld ADDRESS: 914 Guilford Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of state TION is very important. See instructions on back of certificates. OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 09062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09062

CERTIFICATE OF DEATH.

+ 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp ST., 11-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Hodge

(a) RESIDENCE NO. Whiteford Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 9 1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Virginia

PARENTS

10 NAME OF FATHER Geo. Hodge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Flora Creger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mrs Geo Hodge Whiteford Md.

15 Filed 1-1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/26 19

17 I HEREBY CERTIFY, That I attended deceased from 3.25, 196, to 3/31 19 26.

that I last saw h[illegible] alive on 3/31, 19 26.

and that death occurred, on the date stated above, at 5:40 p m.

The CAUSE OF DEATH* was as follows: Coroners Case Autopsy pharmacist Dept of Vital Statistics

(duration) yrs. 5? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/25/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Longenecker, M. D.

, 19 (Address) 2 N S Gunston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Rd — DATE OF BURIAL: April 1926

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 09063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09063

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1417 Clarkson ST. 23-2 WARD)

2-FULL NAME Ida L Frahe

(a) RESIDENCE NO. 1417 Clarkson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Frahe

6 DATE OF BIRTH (month, day, and year): Feb 25, 1859

7 AGE — Years: 67 — Months: 1 — Days: 6 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md

PARENTS

10 NAME OF FATHER: William Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Perkenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md

14 Informant: Frederick Frahe

(Address): 1417 Clarkson St

15 Filed 1 - 1926 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926 to Mar 31, 1926

that I last saw h[illegible] alive on Mar 31, 1926

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs 4 mos 6 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

Mar 31, 1926 (Address) 1614 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Md Odd Fellows Cemetery DATE OF BURIAL 1926

20 UNDERTAKER: A Leland Evans ADDRESS 38 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1446 Marshall St. 23-2 WARD)

REGISTERED NO. 1226-002 E 09064

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J. Fish

(a) RESIDENCE NO. 1446 Marshall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E Fish

6 DATE OF BIRTH (month, day, and year): Oct 29, 1872

7 AGE — Years: 53 — Months: 5 — Days: 2 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: B&O. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Cythe Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Pennille Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Annie E Fish

(Address): 1446 Marshall

15 Filed: 1926 By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Mar 31, 1926

that I last saw h alive on Mar 31, 1926

and that death occurred, on the date stated above, at 10 A m

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asphyxiation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. L. R. Campbell M. D.

Mar 31, 1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: April 2, 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E Ford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09065 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09065

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Ridgely St. 21-3 WARD)

REGISTERED NO. 1601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Morris Karn

(a) RESIDENCE NO. 812 Ridgely ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 13. 1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
0	4	18	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work: — 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm. N. Karn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Annie L. Eschardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: Wm. N. Karn

(Address): 812 Ridgely St.

15 Filed 1-1926, 19. C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 1926 to 3/30 26 19

that I last saw him alive on 3/30 26 19

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Prematurity 5 mo. Institution

(duration) yrs. 4 mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. L. Joslin, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. DATE OF BURIAL: Apr 2nd 1926

20 UNDERTAKER: Mrs. J. W. Teufel & Son ADDRESS: 501 N Fayette

PENALTY—Any person who shall wilfully make any false statement in any certificate required by the Act of which this is a copy, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars or by imprisonment not exceeding six months, or both. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09066 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09066

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Collington St. Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Turner

(a) RESIDENCE NO. 627 N Collington Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: National Biscuit Co

(b) General nature of industry, business, or establishment in which employed (or employer): 309

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Howard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ella Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Sadie Cook (Address) 627 N. Collington Ave

15 [illegible] 1926 C. HARRISON JONES, M. D. Registrar

For Dept

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-26

17 I HEREBY CERTIFY, that I attended deceased from Jan 15 1926 to 3-30 1926.

that I last saw her alive on 3-22 1926.

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs 2 mos 9 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) Fred Shipoka M. D.

19 26 (Address) 600 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: April 1 1926

20 UNDERTAKER: Geo C Pulleston

ADDRESS: 2334 Dolphin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1 - 1926

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09067

E 09067

CERTIFICATE OF DEATH.

REGISTERED NO. 1001 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 627 Harvey ST., 24-1 WARD)

2-FULL NAME Algie G Stevens

(a) RESIDENCE NO. 627 Harvey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16 1925

7 AGE: Years | Months: 10 | Days: 15 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: A. G. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dayton Ohio

12 MAIDEN NAME OF MOTHER: Julia Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S.

14 Informant: A. G. Stevens (Address) 627 Harvey St

15 [illegible] 1926 C. HAMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1926, to April 1, 1926

that I last saw her alive on March 31, 1926

and that death occurred, on the date stated above, at 1 1 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Primary.)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

April 1, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 4/3/26

20 UNDERTAKER: J. J. Daley

ADDRESS: 1318 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09068 E 09068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Harvey St. 24-1 Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Gaskill

(a) RESIDENCE. No. 633 Harvey St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Gaskill

6 DATE OF BIRTH (month, day, and year) Dec. 29th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Arundel Sand & Gravel Co.

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER John J. Gaskill

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Charlotte Woolston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Mrs. Mary Gaskill (Address) 633 Harvey St.

15 Filed ... 1926 C. HAMPSON JONES, M. D., Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9 1925 to Mar. 31 1926, that I last saw him alive on Mar 29 1926, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. few mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Urinary

(Signed) C. J. Seabury, M. D.

3/31, 1926 (Address) 636 Font.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	4/3/ 1926

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1460 Battery Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 09069

CERTIFICATE OF DEATH.

E 09069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 542 W. Laurel St. 17-1 Ward)

2-FULL NAME Elizabeth Simpson

(a) RESIDENCE NO. 542 W. Laurel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Color	Widowed

5a If married, widowed, or divorced (or) WIFE of James Simpson

6 DATE OF BIRTH (month, day, and year) Feb 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Ellen Scott

(Address) 1131 Gilmor St.

15 1926 C. HAMPSON JONES, M. D.

For Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) C. C. Coates M. D.

(Coroner)

April 2 1926 (Address) 1431 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 4/2/1926

20 UNDERTAKER Mrs. Geo. E. Holland ADDRESS 1631 E. Monument

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 09070 HEALTH DEPARTMENT—CITY OF BALTIMORE 9070

CERTIFICATE OF DEATH. 25-2 18 E 09070

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. St. Agnes Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August G. Leuntach

(Residence in Baltimore: No. 23 Eyes Ave - Catonsville St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-(Single, Married, Widowed, or Divorced. (Write the word.)) Married

6-DATE OF BIRTH. Dec. 23 1861
(Month) (Day) (Year)

7-AGE. 64 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter 015
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Christian Leuntach

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Caroline Leuntach

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louise Leuntach

(Address) 23 Eyes Ave - Catonsville

15- Filed ..... 192.. C. HAMPSON JONES, M. D.

PR2 - 1926 By ..... Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Apr 1st
(Month) (Day) 192 6. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion Brain & shock

(Duration) yrs. 5 hours mos. ds.

CONTRIBUTORY (Secondary). Accidently Slipped off roof House

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

Apr 1st 192 6 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Back of Jaw

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. Apr. 5 1926

20-UNDERTAKER. Easton Sons ADDRESS Ellicott City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09071

CERTIFICATE OF DEATH.

REGISTERED NO. 5129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3422 E. Pratt ST. 26-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Freeman

(a) RESIDENCE. NO. 3422 E. Pratt ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Charles Freeman

6 DATE OF BIRTH (month, day, and year) Aug 14 1851

7 AGE Years 74 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Wentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles E. Freeman

(Address) 3422 E. Pratt

15 Filed APR 1 - 1926

C. HARRISON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 to March 31, 1926

that I last saw her alive on March 31, 1926

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Albuminuria

(Signed) L. L. Rickard, M. D.

(Address) 2201 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Apr 4 1926

20 UNDERTAKER John Merrick

ADDRESS 2005 Eutaw

TION is very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09072

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 09072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1107 S. Paca ST. 21 WARD)

2-FULL NAME Elizabeth C League

(a) RESIDENCE NO. 1107 S. Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 23/25

7 AGE: Years | Months: 5 | Days: 9 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Arthur A League

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary E Vetzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gettysburg Pa

14 Informant: Arthur A League

(Address) 1107 S. Paca St

15 Filed APR 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 19 26 to April 2, 19 26

that I last saw h alive on April 2, 19 26

and that death occurred, on the date stated above, at 2 40 a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Schwesberg M.D.

, 19 (Address) 1176 W Bros St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Park

DATE OF BURIAL: April 1926

20 UNDERTAKER: William Cook 502 E Balto

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 2 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09073

CERTIFICATE OF DEATH.

E 09073

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 166 Ward)

2-FULL NAME Thomas Washington

(a) RESIDENCE No. 1209 N. Gilmor St St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louise Washington

6 DATE OF BIRTH (month, day, and year) 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ...min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia — Essex County

PARENTS

10 NAME OF FATHER William Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Henrietta Yates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Susan Washington (Address) 1209 N Gilmor St

15 Filed ..... 19 ..... C. HARPSON JONES, M. D. Registrar

Per .....

R2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 31 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3 - 1 - , 1926, to 3 - 31 , 1926

that I last saw him alive on 3 - 31 - , 1926,

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Prostatectomy Date of 3-15-26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Samuel Glick, M. D.

, 19 (Address) 19 Reservoir Hill.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonleys Mills Va

DATE OF BURIAL 4/3 1926

20 UNDERTAKER Hunt Easton

ADDRESS 916 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09074

CERTIFICATE OF DEATH.

31 E 09074

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 N. Vincent St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jacob Wilkens

(a) Residence No. 210 N Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 35 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Wilkens

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 35 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Driver

(b) General nature of industry, business, or establishment in which employed (or employer). Oil

(c) Name of employer. Wm. Kroger

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob W. Wilkens

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Eastern Shore Md.

12-MAIDEN NAME OF MOTHER, Maria Mitchell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Eastern Shore Md.

11- (Informant) Lillie Wilkens

(Address) 210 N. Vincent St.

15- Filed ... 192... C. THOMPSON JONES, M. D. Registrar.

OR2 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/31/26

17- I HEREBY CERTIFY, That I attended deceased from 2/6/, 1926 to 3/30/, 1926

that I last saw h. in alive on 3/30/ 1926

and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

. 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn

DATE OF BURIAL. 4/4 19 26

20-UNDERTAKER. Edmund Forstner

ADDRESS 916 Park Ave.

Instructions on back of certificates. See statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 09075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 W Saratoga ST. 17-3 WARD)

2-FULL NAME Helen Harris

(a) RESIDENCE NO. 764 W Saratoga ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE 30 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER Tinly Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant Anna Woods
(Address) 764 W Saratoga

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31- 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-3-26, 19....., to 3-31-26, 19.....

that I last saw her alive on 3-30-26, 19.....

and that death occurred, on the date stated above, at 4 am m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) cholecystitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wilson Jones M. D.

3-31-26 (Address) 1524 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4/3 1926

20 UNDERTAKER: Jamel Foxton — ADDRESS: 914 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09076

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 09076

REGISTERED NO._____

City of BALTIMORE: (No. 1422 E Lexington St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorene Rollen

(a) RESIDENCE NO. 1422 E Lexington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 5, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): North Carolina

(State or country)

PARENTS

10 NAME OF FATHER: Jasper McNeill

11 BIRTHPLACE OF FATHER (city or town):

(State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Mamie Galbath

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): North Carolina

14 Informant: Jasper McNeill

(Address): 1422 E Lexington St

15 Filed ....., 19 .....

Registrar

R 2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1926

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to April 1, 1926, that I last saw h.. alive on March 31, 1926, and that death occurred, on the date stated above, at 10½ a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) .....yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary): Measles

(duration) .....yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Physical Diagnosis

(Signed) Geo. S. Allen, M. D.

April, 19 26 (Address) 5 S Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cemetery — Date of Burial: 4/2/26 1926

20 UNDERTAKER: Byron Wright — ADDRESS: Mt. Elderry

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+111-00

E 09077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., WARD)

2-FULL NAME Mrs. Christina Murdock,

(a) RESIDENCE NO. Arlington Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband

6 DATE OF BIRTH (month, day, and year): Aug 19 1898

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27 28	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 031

(b) General nature of industry, business, or establishment in which employed (or employer): Auto Mechanic.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland. Harford Co.

PARENTS

10 NAME OF FATHER: Fred Murdock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rose Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Patient.

(Address)

15 Filed APR 2 1926 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/29/26, 19.. to 4/1/26, 19..

that I last saw h[illegible]alive on 4/1/26, 19..

and that death occurred, on the date stated above, at 10:35 p. m.

The CAUSE OF DEATH* was as follows:

Rupture Duodenal Ulcer

Peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 3/29/26

Was there an autopsy? No

What test confirmed diagnosis? Operation & Clinical.

(Signed) [illegible] M. D.

19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul County

DATE OF BURIAL: 4/5 1926

20 UNDERTAKER: Howard K Melcum

ADDRESS: Hampden Md

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 09078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09078

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Genl Hospital 6-2 (Street) (WARD)

2-FULL NAME Elvira Lodzik.

(a) RESIDENCE NO. 205 N Collington Ave. (Street) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Curry.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cuba

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs John Curry

(Address): 605 S Linwood Ave

15 Filed 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to April 1, 1926, that I last saw ~~her~~ alive on April 1, 1926, and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis.

(duration) yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mar 15-

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) James Nelson, M. D.

, 19 (Address) 1213 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — DATE OF BURIAL: April 1926

20 UNDERTAKER: Peter H. Nicolaus — ADDRESS: 2000 Eastern

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 09079

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 09079

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Madison Ave St. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth L. Maston

(a) RESIDENCE NO. 1100 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Dec 3-1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... /

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James L. Maston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Catherine Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J. L. Maston (Address) 1100 Madison Ave

15 Filed 2-1926, 19 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to March 31, 1926.

that I last saw her alive on March 31, 1926

and that death occurred, on the date stated above, at 11.32 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Macke M. D.

, 19 (Address) 2303 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL 4/2 1926

UNDERTAKER Wm Fiallsowski ADDRESS 1618 Eastern

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09080 — 1926 — E 09080

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Quickstall

(Residence in Baltimore: No. 600 Eutaw Pl St.; yrs. 3 mos. 0 ds. 0)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

6-DATE OF BIRTH: March (Month) 2 (Day) 1870 (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of Industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Pennsylvania

PARENTS:

10-NAME OF FATHER: Capt. Wm. Quickstall

11-BIRTHPLACE OF FATHER, (State or Country): Pa

12-MAIDEN NAME OF MOTHER: Elizabeth Lyndall

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E G Ethel

(Address) 3943 Ridgewood Ave

15- Filed Apr 2 1926 C. HARPER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 1 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, found that said deceased came to death as stated (Autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of R Leg
Accident

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G E Stader M. D.
(Coroner)

Apr 2/26 (Address) 1431 N Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bristol, Pa — DATE OF BURIAL: April 3 1926

20-UNDERTAKER: J. H. Lichtenwalner — ADDRESS: York, Pa

is very important. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 09081

E 09081

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 133 N. Washington St. 6-2 Ward)

2-FULL NAME Geo. W. Jones

(a) RESIDENCE NO. 133 N. Washington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Jones

6 DATE OF BIRTH (month, day, and year): Dec 23/1887

7 AGE: Years 38 | Months 3 | Days 8 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Wood turner
(b) General nature of industry, business, or establishment in which employed (or employer): Reliable Furniture Co
(c) Name of employer

9 BIRTHPLACE (City or town): Balto
(State or country)

PARENTS

10 NAME OF FATHER: William Jones

11 BIRTHPLACE OF FATHER (City or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town)
(State or country): Germany

11 Informant: Annie E. Jones
(Address): 133 N. Washington St

Filed APR 2 - 1926 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/31/26 19

17 I HEREBY CERTIFY, That I attended deceased from March 21 1926 to March 31 1926, that I last saw h alive on March 30 1926, and that death occurred, on the date stated above, at 4 45p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. 6 days ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 7 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Wade M. D.

4/5/26 (Address) 936 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 4/5/26 19

20 UNDERTAKER: Emily's Henig — ADDRESS 2016 Orleans St.

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09082

CERTIFICATE OF DEATH.

45

E 09082

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals.

CITY OF BALTIMORE: (No.) Baltimore, Md. ST., 17 WARD)

2-FULL NAME Hannah Cooper,

(a) RESIDENCE NO. 908 Argyle Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female,	colored.	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
44,				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 070

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Preston,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Hannah Dent.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Hospital Records, Balto., City Hospitals.
(Address)

15 Filed ..... 19 ..... Registrar

R2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-26. 19

17

I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1925. to Marc. 30, 1926.

that I last saw h[illegible] alive on March 30. 1926. 19

and that death occurred, on the date stated above, at 4:15P m.

The CAUSE OF DEATH* was as follows:

x Carcinoma of the Rectum with Metastases.

Carcinoma Cervix - 8 yrs-

(duration) x 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes - Date of Hysterectomy

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and [illegible]

(Signed) [signature] M. D.

19 (Address) Baltimore City Hosps.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Apr 3 1926

20 UNDERTAKER Virginia A. Brooks

ADDRESS 463 N. Carey

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09083

CERTIFICATE OF DEATH.

E 09083

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 408 S High St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo J. Dente

(a) Residence No. 408 S High St., 3 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): March 14th 1904

7-AGE: 22 yrs. 17 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of Industry, business, or establishment in which employed (or employer): Plumber 059

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS

10-NAME OF FATHER: Frank Dente

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Catherine Bacigalupo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Italy

11- (Informant): Frank Dente Jr

(Address): 408 S. High st

13- Filed 192 A. H. JONES, M. D. Registrar.

K2-1340

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 31-1926

17- I HEREBY CERTIFY, That I attended deceased from March 26, 1926 to March 31, 1926

that I last saw him alive on March 30 1926

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pearson M. D

19 (Address) 514 Druid Lane

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 3 1926

20-UNDERTAKER	ADDRESS
Frank V. Pepitone	1800 E. 32nd st

Instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 09084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09084

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 N. Montford ST., 8-3 WARD)

2-FULL NAME Della Cornelia Libertini

(a) RESIDENCE NO. 1507 N. Montford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Libertini

6 DATE OF BIRTH (month, day, and year) Jan 2, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	2	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co Md.

PARENTS

10 NAME OF FATHER Chas W. Steadem

11 BIRTHPLACE OF FATHER (city or town) Somerset Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Jones.

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co (State or country) Md

14 Informant Chas. W. Steadem

(Address) 1507 N Montford

15 Filed 3-4 1926 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3/19 26

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to March 31, 1926, that I last saw her alive on March 30 1926, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis Metastasis Nephritis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? 946 N Broadway

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos. F. H. Stevens, M. D.

3/3/1926 (Address) 2878 Halford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL. Mar 3 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Northern

TION is very important. See instructions on back of certificates.

2 - 1926

Spec.—1-10-21—M&T—1500 Blks.

Dr Parker, 3123 E North Ave

E 09085 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 09085

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2823 Boarman Ave ST., 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Flater

(a) RESIDENCE NO. 2823 Boarman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary T Flater

6 DATE OF BIRTH (month, day, and year): Sept 18, 1869

7 AGE — Years: 56 — Months: 6 — Days: 13 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Potter Md Dairy

9 BIRTHPLACE (city or town) (State or country): Carroll County Md.

PARENTS

10 NAME OF FATHER: George Flater

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. T Flater

(Address): 2823 Boarman Ave

15 Filed , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926 to May 31, 1926

that I last saw him alive on May 31, 1926,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consultation Dr Hamburger

(Signed) Chas. B Parker M. D.

, 19 (Address) 3123 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MA Oliver Cem.

DATE OF BURIAL: Apr. 3 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

Filed , 19 ..... Registrar

12 - 1926

TION is very imprtant. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 09086

E 09086

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Robinson

(a) RESIDENCE NO. 1400 Penna Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Robinson Unknown

6 DATE OF BIRTH (month, day, and year): March 15, 1851

7 AGE: Years 75 Months 0 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Jim Salpain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie Salpain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Baltimore City Hospitals (Address) Burials

15 Filed APR 2 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 29 1926

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1926, to March 29, 1926, that I last saw h alive on March 29, 1926 and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Lobar pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Robinson Miller, M. D.

3/30 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Apr 3 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Pratt

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09087.

CERTIFICATE OF DEATH.

100-901

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 20-2

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Heidhoff

(a) RESIDENCE NO. 3153 Frederick Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: 73 Yr. | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Joseph Heidhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Josephine Heidhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Baltimore City Hospitals Records

15 Filed ..., 19... Registrar

C. HARRISON JONES, M. D.

2-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to March 31, 1926, that I last saw him alive on March 31, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Keller, M. D.

April 3rd, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: April 3rd 1926

20 UNDERTAKER: C. W. Dill

ADDRESS 3109 Fredk. Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500/Bks.

Coroner Case.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09088 +57 E 09088

1-PLACE OF DEATH U. S. Marine Hospital #1. 17-2 REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Llewellyn Vinal.

(a) RESIDENCE NO. Vinal Haven, Me ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Llewellyn Vinal

6 DATE OF BIRTH (month, day, and year) Sept 15, 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
50	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 086

(b) General nature of industry, business, or establishment in which employed (or employer) 2nd Officer

(c) Name of employer S/S Vinton.

9 BIRTHPLACE (city or town) (State or country) Me.

PARENTS

10 NAME OF FATHER Calvan Vinal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Me

12 MAIDEN NAME OF MOTHER Mohary Airy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Me

14 Informant Self
(Address)

15 Filed 4-2-1926 19 HAMPSON JONES, M. D.
Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 31. 1926. to April 1 - 1926, that I last saw him alive on April 1 - 1926, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Pneumonia Influenzal

Uremia (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Laboratory tests and Physical findings - M. H. Frank

(Signed) ... M. D.

(Address) U. S. Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockland Maine

DATE OF BURIAL 4/2 1926

20 UNDERTAKER Aol Simon & Bro

ADDRESS 1127 E Balto St

IMPORTANT—See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09089

CERTIFICATE OF DEATH.

+82 E 09089

1-PLACE OF DEATH Found at foot 32-3 Wells

City of BALTIMORE: (No. Wells St. 2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marles A Stokes

(a) RESIDENCE NO. Sparrows Point md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colord	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
20	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer U40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER August Stokes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Clopt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Verual Stokes

(Address) Sparrows Point

15 Filed APR 2 1926 19

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Drowning

(duration) Instalen yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James McKenton M. D.
(Coroner)

April, 1926 (Address) 7001 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victoria Va Date of Burial 4/3 1926

20 UNDERTAKER Edward Easton ADDRESS 916 Penn

If very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09090

CERTIFICATE OF DEATH.

44 E 09090

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Ward ST., 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Siggs

(a) RESIDENCE NO. 1432 Ward ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elias Siggs

6 DATE OF BIRTH (month, day, and year): 1833

7 AGE: 42 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Saml. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elias Siggs

(Address): 1432 Ward St

15 Filed APR 2 1926, 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Mar. 31, 1926,

that I last saw h[illegible] alive on Mar. 29, 1926

and that death occurred, on the date stated above, at 3.40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Morley Strong, M. D.

Apr 2 1926 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eldindyl — DATE OF BURIAL: 4/3/26

UNDERTAKER: Dennis Easter — ADDRESS: 916 Pa Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Ruth L Milligan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09091

E 09091

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Hunter ST. 16-7 WARD)

2-FULL NAME Ruth L. Milligan

(a) RESIDENCE NO. 817 N. Hunter ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John B. Milligan

6 DATE OF BIRTH (month, day, and year) Sept. 16, 06

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. and

PARENTS

10 NAME OF FATHER John H. Ravell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nan Fader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Mary Burgess

(Address) 817 N. Hunter

15 Filed APR 2 1926 19 Registrar

CHESTER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 18 1926, to March 30 1926, that I last saw h[illegible] alive on March 29 1926, and that death occurred, on the date stated above, at 7.15 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Phlegmonous

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Gangrene of Lung

(duration) yrs. mos 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Cole, M. D.

19 (Address) 824 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL April 3 1926

20 UNDERTAKER Joseph A. Lively

ADDRESS 151 Winchester ave

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09092

CERTIFICATE OF DEATH.

129 E 09092

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 Cumberland ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza E. Carroll.

(a) RESIDENCE NO. 611 Cumberland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank F Carroll.

6 DATE OF BIRTH (month, day, and year): March 31 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at Home 070

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St mary co md

PARENTS

10 NAME OF FATHER: Alfred Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): St marys Co md

12 MAIDEN NAME OF MOTHER: Jane Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St mary co md

14 Informant (Address): James Carroll 611 Cumberland

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/31 1926

17

I HEREBY CERTIFY, That I attended deceased from March 29th, 1926. to March 31st, 1926.

that I last saw h alive on March 31/26 1926

and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Uremia (Chronic)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Bennett Farrar, M. D.

, 19 (Address) 2937 N Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter's Cemetery

DATE OF BURIAL: April 6. 1926

20 UNDERTAKER: Mrs J. H. Dennis per S. E. Kalen

ADDRESS: 1303 Pennsylvania Av.

HARRISON JONES, M. D.

TION is very important. See instructions on back of certificates.

R2 - FILED

Spec.—1-10-21—M&T—1500 Bks.

E 09093 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09093

100-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Laurens ST. 1513 WARD)

2-FULL NAME Nathaniel Harris

(a) RESIDENCE NO. 1110 Laurens ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 8 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER George Harris

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Katie Mellicon

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Sothe Ball

(Address) 1110 Laurens St

Filed APR 2 - 1926 C. HAMPSON JONES, M. D. Registrar

Per K.N.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 24, 1926, to Mar 31, 1926, that I last saw him alive on Mar 31, 1926, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey, M. D.

4/1, 1926 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 3 1926

20 UNDERTAKER Mrs Chas H. Dennis per T. E. Kelson.

ADDRESS 1303 Pennsylvania Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09094

CERTIFICATE OF DEATH.

90

E 09094

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 632 Lemmon St. Ward) 26-5

2-FULL NAME Mary Walker

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 632 Lemmon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry C Walker

6 DATE OF BIRTH (month, day, and year) Dec 2 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Stephen Weinstberger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Lizette Leibold

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Sadie Walker

(Address) 632 Lemmon St.

15 Filed ....., 19 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

(Signed) H. C. Reed M. D.

(Coroner)

April 26 (Address) 1143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bell Cemetery — Date of Burial: Apr 3 1926

20 UNDERTAKER: Mr Cook — ADDRESS: 502 E Monument

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 5 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09095

CERTIFICATE OF DEATH.

5-V 100-D02

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1420 Jefferson 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Fredrick Hazel

(a) Residence No. 1420 Jefferson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 30-1924

7-AGE. 1 yrs. 10 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Not any

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Richard Hazel

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Annapolis Md

12-MAIDEN NAME OF MOTHER. Ida Somerville

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Loning Md

14- (Informant) Richard Hazel

(Address) 1420 Jefferson St

15- (Signed) C. HARPSON JONES, M. D. 19

Registrar.

PR2 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-31-26

17- I HEREBY CERTIFY, That I attended deceased from March 25 1926 to March 31 1926, that I last saw him alive on March 30 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

over

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D

3-31, 1926 (Address) 822 N. Hond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laureal Cemetery DATE OF BURIAL. Apr 2 1926

20-UNDERTAKER. Lottie Gross ADDRESS 1405 McElderry St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09096

100-001

E 09096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 14-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert G.I.Brown

(a) RESIDENCE NO. 1835 Madison Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Lawyer

(c) Name of employer

047

9 BIRTHPLACE (city or town) (State or country) District of Columbia

PARENTS

10 NAME OF FATHER Henry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) District of Columbia

12 MAIDEN NAME OF MOTHER Annie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1926, to April 1, 1926, that I last saw h. in live on March 31, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis with Delirium

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. Lindsay Miller, M. D.

April, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C

DATE OF BURIAL April 1926

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 325 Ashland Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09097

E 09097

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 10-2 Ward)

2-FULL NAME Albert Johnson

(a) RESIDENCE NO. 809 Sterling St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 1/1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Albert T. Johnson

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Eve Wilson

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Albert T. Johnson

(Address) 809 Sterling St

15 Filed R2 1926 G. HARRISON JONES, M. D. Registrar

Per R K !

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) mar 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles - convulsions

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Watkins M. D.

(Coroner)

4/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount [illegible] Date of Burial April 2 1926

20 UNDERTAKER Mrs R. C. Elliott ADDRESS 125 Ashland Av

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

E 09098

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

CERTIFICATE OF DEATH.

E 09098

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 6-2 WARD)

2-FULL NAME Belle Smith

(a) RESIDENCE NO. 106 N. Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 49 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory Worker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): American

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): American

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed 19 Registrar

APR 2 - 1926

C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1924, to March 30, 1926.

that I last saw her alive on March 30, 1926,

and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Residual hemiplegia (cerebral hemorrhage)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) H. Lindsay Miller M. D.

3/31/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: April 3 1926

20 UNDERTAKER: Mrs R.A. Elliott

ADDRESS: 1725 Ashland Ave

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09099

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 W Lanvale ST. 165 WARD)

2-FULL NAME Lewis Norman Chew

(a) RESIDENCE No. 2019 W Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Agnes M Chew

6 DATE OF BIRTH (month, day, and year) Nov 7 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50		4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm B. Chew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Helen Lawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Miss Beatrice Chew (Address) 2019 W Lanvale St

15 Filed [illegible] Registrar

PRZ - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 21 1926 to April 1 1926

that I last saw him alive on April 1 1926

and that death occurred, on the date stated above, at 9.00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary hemorrhage

Cerebral hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Aortic insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clin. data

(Signed) Leo Schlenger M. D.

1926 (Address) 3034 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Greenmount

DATE OF BURIAL Apr 4 1926

20 UNDERTAKER Robt E Turner Sr

ADDRESS W Balto

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09100

CERTIFICATE OF DEATH.

90

REGISTRATION NO. B 09100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2811 (St.) Keyworth Ave. (Ward) 13

2-FULL NAME George Thomas Scott.

(a) RESIDENCE NO. 2811 (St.) Keyworth Ave. (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Mary Scott.

6 DATE OF BIRTH (month, day, and year): Oct 12 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	51 52	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Repairman

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jonathan W. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Swartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant (Address): Mrs Mary Scott. 2811 Keyworth Ave

15 Filed APR 2 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1925, to April 1st, 1926, that I last saw him alive on March 31st, 1926, and that death occurred, on the date stated above, at 4 a.m. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation due to Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Contra Indicating (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? None.

What test confirmed diagnosis? Physical Examination

(Signed) Amelia Zimmerman, M. D.

4/1, 1926 (Address) 1805 N Monto ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery. DATE OF BURIAL: Apr. 3 1926

20 UNDERTAKER: Robt. T. Turner Inc ADDRESS: 1492 N. Broadway.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09101

CERTIFICATE OF DEATH.

+ 90

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 215 E. Lafayette ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Dockstader

(a) RESIDENCE NO. 215 E Lafayette ST., WARD New York

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mar. Dockstader

6 DATE OF BIRTH (month, day, and year): 1 3 1

7 AGE: Years: About 45; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant (Address): W. H. Dunlap 215 E Lafayette St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1926

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to April 1, 1926,

that I last saw h(IM) alive on March 31, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

Don't know (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

3 2, 1926 (Address) 124 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Niagara Falls N Y.

DATE OF BURIAL: 4/2 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Mulberry

APR 2 1926 C. HAMPSON JONES, M. D.

HOW is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09102

CERTIFICATE OF DEATH.

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Brusoe ST. 21-3 WARD)

2-FULL NAME Connie Riley

(a) RESIDENCE. NO. 1119 Brusoe ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Riley

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bruce Johnson
(Address) 1119 Brusoe St.

15 Filed 4-2 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/26

17 I HEREBY CERTIFY, That I attended deceased from 1/29/26 to 3/31/26 that I last saw h alive on 3/31/26 and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Microscopical

(Signed) Jno. Sorley, M. D.

4/1, 1926 (Address) 908 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL April 3 1926

20 UNDERTAKER S. E. Brand & Son — ADDRESS 1210 W. Monroe St

This is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09103

CERTIFICATE OF DEATH.

109-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2030 (Street) Druid Hill ave (Ward) 44-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Hutton

(a) RESIDENCE. No. 2030 Druid Hill ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20-1912

7 AGE: Years 13; Months 9 10; Days 20; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Robt. Hutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Sarah McQuay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co Md

14 Informant (Address): Sarah Hutton 2030 Druid Hill ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per C.K.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1926 to Mar. 31 1926 that I last saw h[er] alive on Mar 30 1926 and that death occurred, on the date stated above, at 7:40 a m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Tonsillectomy

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 3/19/26.

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Thompson M. D.

(Address) 1019 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 4/5 1926

20 UNDERTAKER: Samuel Hensley Biddle

ADDRESS 8[illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09104

CERTIFICATE OF DEATH.

76 E 09104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Cumberland ST., 15-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Romingo

(a) RESIDENCE NO. 609 Cumberland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct. 31, 1849

7 AGE — Years: 76 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Robert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Edith Romingo

(Address): 609 Cumberland

15 Filed: April, 1926 Registrar: C. HARRISON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to March 31, 1926,

that I last saw her alive on March 30, 1926,

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral paresis

(duration) 2 or 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical age & symptoms

(Signed) J. C. Thomas, M. D.

April 1, 1926 (Address) 2226 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 4/3 1926

20 UNDERTAKER: Samuel H. Smedley

ADDRESS: 577 N. Eden

FROM IS very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 09105

CERTIFICATE OF DEATH.

E 09105

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 300 N Laurale St. 14-2 Ward)

2-FULL NAME Jerry G. Hoopes

(a) RESIDENCE NO. 300 N Laurale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

6 DATE OF BIRTH (month, day, and year): July 1857

7 AGE: Years 68 | Months 8 | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Hoopes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Gibbons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs E. Hoopes

(Address) 300 N Laurale

15 Filed C. HARRISON JONES, M. D. Registrar

1926 Per CRH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30 1926, to March 31, 1926, that I last saw him alive on March 31, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertension - Cardio Renal disease (duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) A. O. Buchanan, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Bartow Md April 3 1926

20 UNDERTAKER: Wm Cook ADDRESS 572 E Fayette

Prince George Co.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Coroner's Case.

E 09106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S Marine Hospital #1 — REGISTERED NO. 11-094

CITY OF BALTIMORE: (No. 26-6 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Ward.

(a) RESIDENCE No 106 - 5th Ave ST. Brooklyn Park WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie O. Ward

6 DATE OF BIRTH (month, day, and year) June 1 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Petty Officer

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

(c) Name of employer U.S. Coast & Geod Survey

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Irene Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie O. Ward (Address) 106 5th Brooklyn Park Md

15 Filed 1926, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1926, to March 31, 1926, that I last saw he alive on March 31, 1926, and that death occurred, on the date stated above, at 10:35 a.m.

The CAUSE OF DEATH* was as follows:

1. Influenza

2. Pneumonia

(duration) yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Cirrhosis, Liver,

(duration) yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Curtis Bay Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings and clinical history

(Signed) Ward Foltz, M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL April 3 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 09107

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09107

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 102 E Montgomery St (WARD) 22-2

2-FULL NAME Georgianna Ruby

(a) RESIDENCE NO. 102 E Montgomery St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W Ruby

6 DATE OF BIRTH (month, day, and year): May 15 1858

7 AGE: Years 67 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Millchester Balto Co

PARENTS

10 NAME OF FATHER: Gideon Tracey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr Charles W Ruby

(Address) 102 E Montgomery st

15 Filed 3 - 1926 . 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Mar 30, 1926

that I last saw him alive on Mar 30 9 05 A.M. P.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Influenza (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell M. D.

March 31, 1926 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: April 3 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

FROM BLACK imperial. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 09108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09108

CERTIFICATE OF DEATH.

1692

1-PLACE OF DEATH Body found floating in the water at

CITY OF BALTIMORE: (No. Lee & Light Sts. ST., 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helga Rose Sunstone.

(a) RESIDENCE No Ravena Ave. Govans. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a If married (or) WIFE of Samson Sunstone.

6 DATE OF BIRTH (month, day, and year) November 2, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Norway.

PARENTS

10 NAME OF FATHER Theodore Rose.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark.

12 MAIDEN NAME OF MOTHER Josephine-------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway.

14 Informant Samson Sunstone. (husband)

(Address) Ravena Ave. Govans.

15 Filed 3-1926, 192 C. HAMPSON JONES, M.D. Registrar

Per K R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing March 29, 1926 Body found March 30, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Oswald Reinhardt, M. D.

(Coroner)

April 2, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cem

DATE OF BURIAL Apr 3 1926

20 UNDERTAKER J. M. Cook

ADDRESS 502 E. Fort Ave

Spec.—1-10-21—M&T—1500 Bl. Loretta C. Magill

E 09109 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09109

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH 4 St Thomas Ave., Raspeburg, Md. REGISTERED NO. 27-13

CITY OF BALTIMORE: (No. 4 St. Thomas Ave., ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Loretta C. Magill

(a) RESIDENCE No. 4 St. Thomas, Raspeburg, Md. ST., 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milton S. Magill

6 DATE OF BIRTH (month, day, and year) June 8- 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. C. Chandler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia

12 MAIDEN NAME OF MOTHER Mary C. Brill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Mrs. Milton S. Magill
(Address) 4 St Thomas Ave

15 - 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 1st, 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 2 , 19 25 , to April 1st, , 19 26 .

that I last saw her alive on Mar. 31st, , 19 26,

and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Uraemic Convulsions

12 hours (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of the Uterus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Operation- June 1925

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Tillmanse, M. D.

4-1, 1926 (Address) Raspeburg, Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL 4/3 1926

20 UNDERTAKER Wm Cook - 502 E Monument ADDRESS

Keep this space free from any impression. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Hosue 1301 E Pratt St Apt.

E 09110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09110

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 John St. (14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James D Allison

(a) RESIDENCE NO. 1604 John St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anne Allison

6 DATE OF BIRTH (month, day, and year): Mar 19 1870

7 AGE: Years 56 — Months — Days 15 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: Elliott Machine Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Allison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Selma Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Orville Allison 1604 John St

15 Filed C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 23 1926 to Apr 1 1926

that I last saw him alive on Apr 1 1926

and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

~~Mitral~~ Cardiac Insufficiency

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Physical Signs

What test confirmed diagnosis?

(Signed) J. E. Kruger M.D.

Apr 2 1926 (Address) 1201 N Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: State Rds Com. Whiteford Md. DATE OF BURIAL: Apr 3 1926

20 UNDERTAKER: Wm. Cook ADDRESS: 502 E Monk Ave.

HOW IS very important. See instructions on back of certificate.

8 - 1926

Spec.—1-10-21—M&T—1500 Bks.

Dr Hundley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09111

E 09111

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N. Chester St. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella B. Beeren.

(a) RESIDENCE NO. 1821 N Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph G. Beeren

6 DATE OF BIRTH (month, day, and year): Aug 31-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	1.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James G. Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Douthcon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know

14 Informant: Joseph G. Beeren

(Address) 1821 N Chester

15 Apr 3 - 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to April 1, 1926, that I last saw her alive on April 2, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Confusional Insanity

+ Angina Pectoris -

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Capillary Fibrosis

(duration) 1 yrs. 3 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) Frank S Hundley M. D.

, 19 (Address) 2572 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Apr 5 1926

20 UNDERTAKER: Leo Cook

ADDRESS: 502 E Monument

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09112

CERTIFICATE OF DEATH.

5-231

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 513 N. Eden St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jeannette Athile

(a) Residence No. 513 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Unknown 1903

7-AGE: 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer): 000

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Geo. A Athile

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Jennie Cooper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14- (Informant) Jennie Cooper

(Address) 513 N. Eden St

15- Filed 1926 By C. HAMPSON JONES, M. D. Registrar. R.P.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3-31-26

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1926 to Mar 31 1926

that I last saw h alive on Mar 30 1926

and that death occurred, on the date stated above, at 11 am m.

The CAUSE OF DEATH* was as follows:

Pulmonary Athesis

Indigent (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

Several Months yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher M. D

April 1 26 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: April 3 1926

20-UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 142 Jefferson St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09113

CERTIFICATE OF DEATH.

14-001 E 09113

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2246 Brookfield St., 13 Ward)

2-FULL NAME Jno H. Deahey

(a) RESIDENCE NO. 2246 Brookfield St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Nov. 21-1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: B & O R R Co

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: Francis M. Deahey

11 BIRTHPLACE OF FATHER (city or town): Balto Co

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Henrietta K. Hughes

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Marion A. Hewes

(Address): 2246 Brookfield Ave

15 Filed ___ 19___ Per ___ Registrar

CHARLES J. [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death as follows: (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) John Morrison M. D.

(Coroner)

3/2. 1926 (Address) 3572 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ___

Former or usual residence ___

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery Date of Burial: Apl 3 1926

20 UNDERTAKER: Stouffer & Jones Inc ADDRESS: 4144 Broadway

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3319 Winterborne Road 15-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Blanche May Cooper

(a) Residence No. 3319 Winterborne Road Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 21, 1889

7-AGE. 36 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)..... Telephone Service

(c) Name of employer. C. & P. Telephone Co.

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, George L. Cooper

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Mary E. Hillebrand

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland.

14- (Informant) George L. Cooper

(Address) 3319 Winterborne Road

15-

Filed ..... 192... C. HARRY JONES Registrar.

3 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 1 1926.

17- I HEREBY CERTIFY, That I attended deceased from March 27 1926 to April 1 1926

that I last saw her alive on April 1 1926

and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Asthma of Years

(Duration) ... yrs. 6 mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 3/22/26

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Exam

(Signed) Chas. B. Lemmon M. D.

4/2, 19 26 (Address) 718 N. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. Apl. 3, 19 26

20-UNDERTAKER, Hughes & Sons Inc

ADDRESS 1124 E. Broadway

E 09115

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 E 09115

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No. 1512 E. Fairmount Ave St.: 32 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Jones

(Residence in Baltimore: No. 1512 E. Fairmount Ave St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH: not given (Month), 1 (Day), (Year)

7 AGE: 34 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9 BIRTHPLACE (State or country): South Carolina

PARENTS

10 NAME OF FATHER: West Jones

11 BIRTHPLACE OF FATHER (State or country): S. C.

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (State or country): — —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Jones

(Address) 1512 E Fairmount

15 Filed 1926 Per 101 C. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 29 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March-28, 1926 to March-29-1926 that I saw him alive on March-29, 1926 and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. ds

Contributory (SECONDARY) about 8

(Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.

March 31, 1926 (Address) 2404 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ashburn Cemetery — DATE OF BURIAL: April 3 1926

20 UNDERTAKER: Robert O. Williams — ADDRESS: 1515 N. Eutaw St.

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09116

E 09116

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 677 S. Decker Ave. St., 14th Ward)

2-FULL NAME John Eydellotte

(a) RESIDENCE NO. 677 S. Decker Ave St. 2 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Eydellotte

6 DATE OF BIRTH (month, day, and year): Oct. 9 - 1855

7 AGE: Years 70 | Months 5 | Days 23 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchmen 067

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Germany.

PARENTS

10 NAME OF FATHER: John Eydellotte

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Catherine Hamm (Daughter)

(Address) 814 S. Robinson St

15 Died 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7 - 1926

17 I HEREBY CERTIFY, That I attended deceased from March 9 1926, to Apr. 2 1926, that I last saw h alive on Apr. 3 1926, and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

Embrace / Hemorrhage
Followed by / Pneumonia.

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Sterne, M. D.

Apr 3, 1926 (Address) 1400 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial April 5th 1926

20 UNDERTAKER: Lilly and Zilm ADDRESS 403 S. Wolfe St

Very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 09117

E 09117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Elgin Av. or 44 Monroe St 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Henry.

(a) RESIDENCE. NO. Elgin Av. or 44 Monroe St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Elizabeth Henry

6 DATE OF BIRTH (month, day, and year) June 23rd 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	11	

8 OCCUPATION OF DEECASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS.

10 NAME OF FATHER Geo. D. Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. D. Henry
(Address) Halethorpe Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1926, to April 2, 1926, that I last saw him alive on April 2, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure and bulbar arteries

(Signed) R. P. Muse, M. D.

4/3, 1926 (Address) 103 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Camp Chapel Cem. Fullerton Md.	April 5 1926
20 UNDERTAKER	ADDRESS
William W. Shriver	1018 Edmondson Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 09118

CERTIFICATE OF DEATH.

E 09118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf ST. 1-2 WARD)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Peter Bernhardt.

(a) RESIDENCE NO. 533 S. Rose Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bernhardt.

6 DATE OF BIRTH (month, day, and year) Dec. 4 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer for 009

(b) General nature of industry, business, or establishment in which employed (or employer) Louis Grabb Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Bernhardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Bernhardt (Address) 533 S. Rose St.

15 Filed [illegible] 19 [illegible] Registrar [illegible]

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23 1926 to April 1 1926 that I last saw him alive on April 1 1926 and that death occurred, on the date stated above, at 3.50 A m

The CAUSE OF DEATH* was as follows:

Osteo-myelitis of Jaw. (duration) yrs. mos 3 weeks ds.

CONTRIBUTORY (Secondary) Cerebral embolism (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of 22/3/26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George B Brush M. D.

19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL April 4 1926

20 UNDERTAKER Lilly & Zirkin ADDRESS 403 S. Wolfe St

NOTE—Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 09119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101-001

E 09119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Stempert Shaw

(a) RESIDENCE No. Union Memorial Hospital ST., WARD Towson Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? 65 yrs. 6 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Samuel Thomas Shaw

6 DATE OF BIRTH (month, day, and year) Sept-1-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Woodsfield
(State or country) Ohio

PARENTS

10 NAME OF FATHER Jacob Stempert

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Racheal Hilley

13 BIRTHPLACE OF MOTHER (city or town) Woodsfield
(State or country) Ohio

14 Informant Mrs. R. W. Procter (neice)
(Address) 604 E. Joppa Road Towson, Md.

15 Filed 1926 C. HARPER JONES, M. D.

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1926

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1926, to March 31, 1926,

that I last saw her alive on March 31, 1926,

and that death occurred, on the date stated above, at 11⁴⁵ A m.

The CAUSE OF DEATH* was as follows:

Pulmonary hemorrhage (acute)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Emphysema with collapse of R side (duration) 2 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? Towson

Did an operation precede death? yes Date of 3/31/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory methods

(Signed) Frank P. Smith, Jr. M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cemetery-Towson

DATE OF BURIAL Apr-3-26 19

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 103 W. NORTH AVE

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09120

CERTIFICATE OF DEATH.

90E 09120

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 927 Gorsuch Av. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias McKinley

(a) Residence No. 927 Gorsuch Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced. (Write the word.) M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma P McKinley

6-DATE OF BIRTH (month, day and year) Aug 11 69

7-AGE. 56 yrs. 7 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wheel

(b) General nature of industry, business, or establishment in which employed (or employer) Right

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Archibald McKinley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, McAdoo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Emma P McKinley

(Address) 927 Gorsuch Ave

15- Filed 3 - 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 19 25 to April 1 19 26

that I last saw h[illegible] alive on April 1 19 26

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Hawkins M. D.

4-2-1926 (Address) 1804 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur — DATE OF BURIAL April 3, 1926

20-UNDERTAKER, H. M. Routson — ADDRESS 2238 N Monta

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09121

CERTIFICATE OF DEATH.

8-4 90

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 1145 N. Milton Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Burnnett
1145 N. Milton Avenue

(a) Residence No. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6-DATE OF BIRTH (month, day and year): 6/27,1873

7-AGE: 52 yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS:

10-NAME OF FATHER: John Burnnett

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Berens

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-
(Informant): Mrs. M. Houck
(Address): 1145 N. Milton Avenue

15-
Filed 3-1926 C. HAMPSON JONES, Registrar.
Per C.R.W.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 4-1-'26

17- I HEREBY CERTIFY, That I attended deceased from March 12th, 1926 to April 1st, 1926
that I last saw her alive on April 1st, 1926
and that death occurred, on the date stated above, at 11a. m.
The CAUSE OF DEATH* was as follows:

Heart failure

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) to Chronic Endocarditis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Amelia E Smith M. D
4/1st, 1926 (Address) 1717 N. Caroline St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	4/5 1926

20-UNDERTAKER: George J Ruth Jr.
ADDRESS: 1735 Harford Av

Spec.—1-12-23—M&T—500 Bks.

E 09122

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 001

E 09122

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3160 Wilkens Ave ST. 75-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kaufman

(a) RESIDENCE NO. 3160 Wilkens ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced (or) WIFE of Mary E. Kaufman

6 DATE OF BIRTH (month, day, and year) July 1 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Casper Kaufman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Snyder

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Miss E. C. Edith Kaufman
(Address) 3160 Wilkens ave

15 Filed 1926 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2nd, 1920, to April 1st, 1926, that I last saw him alive on March 19, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 5 yrs. mos ds.

CONTRIBUTORY ...
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Leonard C. Beach M. D.

19 (Address) 2229 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL April 5 1926

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09123

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1421 Henry ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth C. Hackney

(a) RESIDENCE. NO. 1421 Henry ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 1. 1911.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Fred. Hackney.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S. Carolina.

12 MAIDEN NAME OF MOTHER Grace M. Porter.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Grace M. Hackney,
(Address) 1421 Henry.

15 Filed . 19 . Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1926, to Apr. 2, 1926, that I last saw h[illegible] alive on Apr. 2, 1926, and that death occurred, on the date stated above, at 8.05 P. m.

The CAUSE OF DEATH* was as follows:

Erysipelas (facial) (lower)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Wm. T. Slabey, M. D.

4-3, 1926 (Address) 636 Fork Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Hill Cem

DATE OF BURIAL 4/6 1926

20 UNDERTAKER F. McCarthy

ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

E 09124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09124

CERTIFICATE OF DEATH.

179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 23 E. Henrietta ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L. Dowell

(a) RESIDENCE NO. 23 E. Henrietta ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Dowell

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	62	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) City Employee

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Whittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Augusta Dowell

(Address) 23 E. Henrietta St.

15 Filed 3-1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1924, to April 2nd 1926, that I last saw h alive on April 2nd 1926, and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Faulkner M. D.

19 (Address) 119 N. Milton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL April 5 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

Franch A Murphy

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09125

E 09125

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Hanover ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank. A. Murphy.

(a) RESIDENCE NO. 812 S. Hanover ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~ Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence A. Murphy.

6 DATE OF BIRTH (month, day, and year): Aug 3 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William Murphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs. Ivy Murphy 812 S. Hanover St.

15 FILED 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5th, 1926, to April 2nd, 1926, that I last saw him alive on April 1st, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation of heart

(duration) — yrs. 2 mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Henry Kleibel M. D.

4/3, 1926 (Address) 1214-16 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: April 6 1926

20 UNDERTAKER: F. A. Krause & Son — ADDRESS: 7033 Harford

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09126

CERTIFICATE OF DEATH

179 E 09126

26-2

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital S. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Lucy McCormick

(a) RESIDENCE NO. Hazelwood Ave., Raspburg Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 20/1922

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	4	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Raspburg Md

PARENTS

10 NAME OF FATHER: Walter N. McCormick

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Emily Wolfrim

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md

14 Informant: Arthur D. McCormick

(Address): Raspburg

15 Filed 1926 By _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Accidently burned over entire body- clothing caught fire while playing with matches

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Pue, M. D. (Coroner)

4/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McCormick Family Cemetery Date of Burial: April 4 1926

20 UNDERTAKER: Fred Loose & Son ADDRESS: Fullerton

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09127

CERTIFICATE OF DEATH.

90 E 09127

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Elite Laundry St., 14-1 Ward)

2-FULL NAME Bridie Bylaw Ellen Hafer

(a) RESIDENCE NO. 1311 Greenmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hafer

6 DATE OF BIRTH (month, day, and year) Feb 21-1864

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	62	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clean

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Elite Laundry

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER Solomon Kesner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Louisa Hartman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Mrs J A Mullen

(Address) 1311 Greenmount Ave

15 Filed Apr 3 1926 C. HAMPSON JONES, M. D. Registrar

1526 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G E Wade M. D.

(Coroner)

Apr 3 1926 (Address) 1438 Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Penna Date of Burial Apr 3 1926

20 UNDERTAKER W Cook ADDRESS 502 E North Ave

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09128

E 09128

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (TB) ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Scruggs

(a) RESIDENCE NO. 1221 Park Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not stated

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
24	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joe Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Nora Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925, to March 31, 1926,

that I last saw her alive on March 31, 1926,

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical findings

(Signed) W. McLane Jr. M. D.

4-1-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09129 #6 E 09129

E 09129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View Asylum ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Simms.

(a) RESIDENCE NO. 909 N. Caroline Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black.	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER David Grey.

11 BIRTHPLACE OF [illegible] (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Sim

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 Informant Hospital Records

(Address) Baltimore City Hospitals

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3-19-, 1926, to 3-27, 1926 that I last saw h[illegible] alive on 3-27, 1926 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Cervix c metastasis

Bilateral Pulmonary. TB.

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Bilateral Pulmonary. TB.

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic Exam.

(Signed) Dr. C. Hampson Jones, M. D.

(Title) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

STATE OF MARYLAND [illegible] Health

Spec.—1-10-21 M&T 1500 Bks.

E 09130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09130

CERTIFICATE OF DEATH.

3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 20-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Treadwell

(a) RESIDENCE No. 19 W. Frederick Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: painter & paper hanger

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Denver Colorado

PARENTS

10 NAME OF FATHER: Edson Treadwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Mary Wolven

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14

Informant: Hospital records

(Address)

15

Filed ..., 19...

1926 Per ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1925, to March 31, 1926,

that I last saw him alive on March 31, 1926,

and that death occurred, on the date stated above, at 6.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos McKane M. D.

4-1-26. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ... 19...

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

APR 3 — 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09131

E 09131

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Johns Hopkins Hospital~~ 25-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonsia Lepiniatis

(a) RESIDENCE NO. 10 Cypress Ave ?urtis St Bay Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Lepiniatis

6 DATE OF BIRTH (month, day, and year) No.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Midwife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER Noknow

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Eva Danuckite

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuania

14 Informant Vincent Lepiniatis

(Address) 10 Cypress Street Curty Bay

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Peters M. D.

(Coroner)

4/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A. Date of Burial April 5. 1926 19

20 UNDERTAKER John Crebliauckas ADDRESS 425 S Paca St.

Spec.—1-10-21—M&T—1500 Blks.

E 09132 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09132

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 N. Collington ave ST. 8-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Schafer

(a) RESIDENCE No. 1415 N. Washington ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schafer

6 DATE OF BIRTH (month, day, and year) March 17-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	-	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Kneelet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Schafer

(Address) 1415 N. Collington ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to March 31, 1926,

that I last saw him alive on March 31, 1926,

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Squamous carcinomatosis.

Carcinoma of prostate

(duration) 1 yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Jan 14 1926

Was there an autopsy? no

What test confirmed diagnosis? Specimen from prostate

(Signed) A. J. Dalton, M. D.

, 19 (Address) 1010 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 4/5/1926

20 UNDERTAKER Zickler & Zickler

ADDRESS 1739 E. Eager

Spec.—1-12-23—M&T—500 Bks.

E 09133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 09133

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jones

(a) RESIDENCE No. 1432 N Mount St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Edna Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Mrs. George Jones

(Address) 1432 N Mount St

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

Per BRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12 1926 to April 1 1926.

that I last saw h alive on April 1 1926

and that death occurred, on the date stated above, at 6 45 p m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S Tull, M. D.

3/8 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 DATE OF BURIAL, CREMATION OR REMOVAL April 3rd 1926

UNDERTAKER Sam H Kase Sons

DATE OF BURIAL April 3 1926

ADDRESS 400 Main

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09134 E 09134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. N. Broadway ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louise Jenkins

(a) RESIDENCE No. 2726 St. Paul ST., WARD Dor. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank P. Jenkins

6 DATE OF BIRTH (month, day, and year): May 24, 1888

7 AGE — Years: 37 Months: 10 Days: 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dor. Co. Md.

PARENTS

10 NAME OF FATHER: Richard H. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dor. Co. Md.

12 MAIDEN NAME OF MOTHER: Flora S. Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dor. Co. Md.

14 Informant: Frank P. Jenkins
(Address) Station 13 Buffalo N.Y.

15 1926 G. HAMPSON JONES, M.D. Registrar
Per Ralph

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1926, to Apr. 2, 1926

that I last saw her alive on April 2, 1926

and that death occurred, on the date stated above, at 8:55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism
Broncho-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): mitral stenosis

(duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. Smith, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: East New Market Md. | DATE OF BURIAL: May 4 1926

20 UNDERTAKER: John O. Hitchcock ADDRESS: 1201 W. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09135

CERTIFICATE OF DEATH.

146 E 09135

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen'l Hospital 16-7 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hon Shee Lee.

(a) RESIDENCE NO. 1538 N. Lawrence St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Chinese

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hom Lee

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 26 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) China

PARENTS

10 NAME OF FATHER Hom Sing

11 BIRTHPLACE OF FATHER (city or town)

(State or country) China

12 MAIDEN NAME OF MOTHER Hom Shee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) China

14 Informant Frank Lee

(Address) 107 N. Howard St

15 1926 C. HARRISON JONES, M. D., Registrar

Per R.P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Peritonitis Probably following Child birth

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. 1 da.

(Signed) G. C. Yates M. D.

(Coroner)

(Address) 1437 N. Binney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Apl. 5-1926

(UNDERTAKER) Chas. T. Grace & Son ADDRESS 11 South Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09136

CERTIFICATE OF DEATH.

90 E 09136
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 318 E. North ave St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mc Donnell

(a) RESIDENCE NO. 318 E. North ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Mc Donnell

6 DATE OF BIRTH (month, day, and year): Unknown 1846

7 AGE: Years 80 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER James Casey

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Lee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant: Michael Mc Donnell

(Address) 318 E. North ave

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to April 2, 1926, that I last saw h alive on April 2nd, 1926, and that death occurred, on the date stated above, at 10.05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valv. Endocarditis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma (Cardiac)

(duration) 3 mos yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Jeffrie Buck M. D.

4/2, 1926 (Address) 2844 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial 4/5 1926

20 UNDERTAKER: Chas E. Sauls & Son ADDRESS 1706 W. Lexington ave

Spec.—1-10-21—M&T—1500 Blks.

E 09137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 09137

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 9-1 WARD)

2-FULL NAME James Casey

(a) RESIDENCE NO. 1340 Harford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE: Years 63 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Casey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Casey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1924, to April 2, 1926.

that I last saw him alive on April 2, 1926,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

Residual hemiplegia (cerebral thrombosis) (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. instantaneous

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller, M. D.

4/2/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL 4/5 1926

20 UNDERTAKER: Chas. F. Grace & Son ADDRESS 1180 N. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09138

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Carroll St. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Seitz

(a) RESIDENCE NO. 1141 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Seitz

6 DATE OF BIRTH (month, day, and year): Nov 16 1849

7 AGE — Years: 76 Months: 4 Days: 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Eatenmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdalya Albrecht

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Frech (Address) 1141 Carroll St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 1 1926

17 I HEREBY CERTIFY, That I attended deceased from November 24 1925 to April 1st 1926

that I last saw her alive on April 1st 1926

and that death occurred, on the date stated above, at 345 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Peritoneum & Metastasis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm D. Perkins, M. D.

19 (Address) 1111 Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Apr 5 1926

20 UNDERTAKER: Fun & Tuss. John W Tuffel & Son ADDRESS: 801 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09139

CERTIFICATE OF DEATH.

90 E 09139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Beechwood Ave ST. Lanvale WARD)

2-FULL NAME Katherine Millar

(a) RESIDENCE NO. 7 Beechwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Anthony Miller

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Philip Abt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hatthaut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Burkert

(Address) 7 Beechwood Ave.

15 Filed ... 19 ... H. HERBERT JONES, M. D. Registrar

APR 4 - 1926 R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1926 to April 2, 1926

that I last saw her alive on April 2, 1926

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(duration) ... yrs. ... mos ... ds

CONTRIBUTORY (Secondary) Myocardial insufficiency

... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

4 19 26 (Address) 4 702 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Baltimore Cemetery	April 5 1926
20 UNDERTAKER	ADDRESS
Henry Hoerle Son	1301 E Lanvale

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09140

CERTIFICATE OF DEATH.

74-001 E 09140

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H. (Harold) I Wagner

(a) RESIDENCE NO. Wilkesbarre Pa. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 66 years		about seven		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) salesman -

(c) Name of employer P. F. Collier Son

9 BIRTHPLACE (city or town)

(State or country) Indiana

PARENTS

10 NAME OF FATHER /

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant W J Riley

(Address) 1639 N Broadway -

Filed 1926 HENDERSON JONES, M. D.

R4 - 1328 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 (Apr 1-26 1926)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....yrs. .....mos. .....ds.

(Signed) M. D.

(Coroner)

April 27, 1926 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilkesbarre, Pa. Date of Burial 4/29 1926

20 UNDERTAKER E. J. Fanning Inc - ADDRESS 1938 Lafayette Ave.

Spec.—1-10-20—M&T—1500 Bks.

Ulya a Hargett. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

1905 E 09141 E 09141

CERTIFICATE OF DEATH.

× 84

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME In Ulya a Hospital

(a) RESIDENCE NO. Pollocksville N.C. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? dau

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) ..... N. Cas.
(State or country)

PARENTS

10 NAME OF FATHER Wm Hargett

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Manning Wallace

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Mrs Cole
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 4-1926, 19 ... H. ... JONES, M. D.
Registrar K.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from April 1st, 1926, to April 3rd, 1926, that I last saw h[e] alive on April 3rd, 1926, and that death occurred, on the date stated above, at 11 15 A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) 2 yrs 6 mos ..... ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 4-3-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Thos H Cornbrooke, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pollocksville N. C	April 19 26
20 UNDERTAKER	ADDRESS
William G Schaeffe	1816 Vermont

Spec.—1-30-21—M&T—1500 Bks.

1890 51

E 09142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Turner

(a) RESIDENCE NO. Pikesville, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col-	Child-

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Roman Turner

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Grace Turner

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

16 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... G. HARRISON JONES, M. D.
Registrar

..... - 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1926, to April 2nd, 1926, that I last saw h[illegible] alive on April 2nd, 1926, and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of [illegible] Feb.

Was there an autopsy? Yes.

What test confirmed diagnosis? [illegible]

(Signed) Thos W Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview, Balto.

DATE OF BURIAL Apr 4 1926

20 UNDERTAKER W. H. Archer

ADDRESS Reisterstown Md.

Spec.—1-12-23—M&T—500 Bks.

E 09143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 09143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Spring ST. 5-V WARD)

2-FULL NAME James E. Horsey

(a) RESIDENCE NO. 524 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9-10-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	1	6 17	— 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Irvin Horsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER Bessie Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bessie Horsey (Address) 524 N. Spring

15 Filed 1926, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-20, 1926, to 4-1, 1926, that I last saw h— alive on 3-31, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Hourigan, M. D.

4-3, 1926 (Address) 611 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	April 4, 1926
20 UNDERTAKER	ADDRESS
Thos J. & Locke	1302 Jeff

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09144

CERTIFICATE OF DEATH.

66

E 09144

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. ~~3762 Falls Road~~ City Jail St. 13-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia V. Fuhrman

(a) RESIDENCE No. 3762 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND (or) WIFE of Dolphy L. Fuhrman

DATE OF BIRTH (month, day, and year) Dec 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sales Lady
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER John F. Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co

12 MAIDEN NAME OF MOTHER Mary Belt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

Informant Edmond D. Fuhrman

(Address) 1328 N. Gilmor

Filed ... 192... A. M. P. M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Alcoholism Chronic

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

(Signed) W. J. Riley, M. D.

Apr 3, 192 (Address) 5912

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Ridge DATE OF BURIAL Apr 5 1926

UNDERTAKER A. S. Marshall ADDRESS 3558 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 09145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 09145

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST. 5-2 WARD)

2-FULL NAME David goldstein

(a) RESIDENCE NO. 202 N Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dora Goldstein (Address) 202 N Wolfe st

15 Filed 4 1926. 19 C. HARRISON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/29, 1926, to 4/2, 1926, that I last saw h[illegible] alive on 4/2, 1926, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

4/2, 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 4/4 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1 Holliday

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09146

CERTIFICATE OF DEATH.

E 09146

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 407 S. Castle St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Lewandowski

(a) RESIDENCE NO. 407 S. Castle St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Frank Lewandowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Agnes Kaminska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Frank Lewandowski

(Address) 407 S. Castle

15 Filed [illegible], 1926 C. HARRISON JONES, M. D.

4-1-1926 Per PK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came in death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M. Faulkner, M. D.

(Coroner)

4/7 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem April 4 26

Date of Burial

20 UNDERTAKER John M. Veale ADDRESS 1003 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 09147

E 09147 CERTIFICATE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. 1001 N Charles St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie R. Hankan

(a) RESIDENCE NO. 1001 N. Charles St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE Abraham A. Hankan

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 69 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Hankan

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Hankan

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

15 Filed 4 1926, 19 _____ CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-1926

17 I HEREBY CERTIFY, That I attended deceased from No illness - died suddenly a few minutes after 22 hours 1926 to 19 ..... that I last saw h[illegible] alive on Apr. 1 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage (Abraham Wife) (Base)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis History of cerebral hemorrhage 2 years before death

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Wm. T. Learnard, M. D.

4/3, 1926 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Cem. Date of Burial: 4/4 1926

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 Eutaw St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09148

94-001 E 09148

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1034 Hillen ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie V. Purvis.

(a) RESIDENCE NO. 1034 Hillen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 6-1925

7 AGE — Years: — Months: 7 Days: 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robt. Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Elizabeth Purvis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Elizabeth Purvis (Address) 1034 Hillen St

Filed Apr 4 1926 HARRISON JONES, Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rem duties

Dom Anem (duration) Indefinitely mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. T. Daly M. D.

Apr 3, 1926 (Address) 1134 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery DATE OF BURIAL: 4/3 1926

UNDERTAKER: Chas. H. Johnson ADDRESS: 46 N. Caroline

Spec.—1-10-21—M&T—1500 Bks.

E 09149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54-002

15 E 09149

1-PLACE OF DEATH

CITY OF BALTIMORE—No. Bellona Ave. ST. North WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tolley Biays Sheppard

(a) RESIDENCE NO. Bellona Ave ST. Evans WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): ✓

6 DATE OF BIRTH (month, day, and year): Jan. 26 1926

7 AGE — Years: 0 — Months: 2 — Days: 7 8 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Daniel H. Sheppard

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Carrie A. Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co. Md.

14 Informant: Mr. Saml. H. Sheppard

(Address) Bellona Ave. Govans

15 Filed - 1926

C. HARPSON JONES, M. D.

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 3 .1926. to Apr 3rd .1926.

that I last saw him alive on Apr 3rd .1926.

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Heart trouble (Valvular)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

Apr. 3 1926 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. — DATE OF BURIAL: Apr. 5 1926

20 UNDERTAKER: Wm. Tuckey Sons. — ADDRESS: North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09150

CERTIFICATE OF DEATH.

101-001 E 09150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 883 W. Fayette St. ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H Knight

(a) RESIDENCE NO. 883 W. Fayette St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Knight

6 DATE OF BIRTH (month, day, and year) Feb 17-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Can Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry K. Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Miss Martha Knight

(Address) Penn York Pa

15 Filed 1926 19 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1926, to April 2, 1926, that I last saw him alive on April 2, 1926 and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward O. Kemberling M. D.

, 19 (Address) 202 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL April 1926

20 UNDERTAKER Wm L Lubner & Son

ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09151

CERTIFICATE OF DEATH.

90 ~ E 09151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Bentalou St. 15-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Wells Rouse

(a) RESIDENCE No. 1802 N. Fulton Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Rebecca Rouse

6 DATE OF BIRTH (month, day, and year) Apr 21 - 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	80	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penn. R. R. 01

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Francis N Rouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Francis N. Rouse (Address) 1435 Bentalou St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1925 to April 3, 1926.

that I last saw him alive on April 3, 1926.

and that death occurred, on the date stated above, at 11 15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Quinn, M. D.

Apr 5, 1926 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL Apr 6 1926

20 UNDERTAKER Wm. J. Tickner & Sons — ADDRESS N. & Pa.

1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09152

CERTIFICATE OF DEATH.

24001

E 09152

REGISTERED NO.

1-PLACE OF DEATH St Joseph Hospital

City of BALTIMORE: (No. 2407 E. Oliver St 63 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agatha Ida Reusing

(a) RESIDENCE NO. 2407 E. Oliver St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Reusing

6 DATE OF BIRTH (month, day, and year) Feb 11/1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Bernard Kirchner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Raff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Anna Smith (daughter)

(Address) 910 Maryland Ave(Raspburg)

15 Filed ..... 19.....

4 - 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Kaiser M. D.

(Coroner)

4/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Apr 5 192

20 UNDERTAKER Rott & Turney Sons ADDRESS 1642 N Broadway

Spec—12-23-21—E.B.R.S.—400 Blks.

09153

HEALTH DEPARTMENT—CITY OF BALTIMORE

09153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1809 Stanford Ave St., 9-6 Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Pines (Pines)

(a) Residence No. 1809 Stanford Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Pines

6-DATE OF BIRTH (month, day and year) June 18 1856

7-AGE. 69 yrs. 9 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). England

PARENTS.

10-NAME OF FATHER. Isaac Pines

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Prussia

12-MAIDEN NAME OF MOTHER. Rebecca Brenthal

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Prussia

14- (Informant) Mrs. J. Pines

(Address) 1809 Stanford Ave

15- Date, 10 C. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 2, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec-18- 1925 to April 2 1926.

that I last saw him alive on April 2 1926.

and that death occurred, on the date stated above, at 8-50P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) E. Gill Hall, M. D.

April 3, 1926 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Dulaney Valley Cemetery

DATE OF BURIAL. April 4 1926

20-UNDERTAKER. J. Owens & Co

ADDRESS 331 N Paca Ave

R4 - 12 RK

Spec.—1-10-21—M&T—1500 Bks.

E 09154 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Julia Clarissa Lee

REGISTERED NO. 117

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Sallie V. Allison Lee.~~ Julie Clarissa Lee

(a) RESIDENCE No. 104 N. Du Pont St. Wilmington Del.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Lee.

6 DATE OF BIRTH (month, day, and year) April 12 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	38	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife & Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Whiteford, Md.

PARENTS

10 NAME OF FATHER John Allison.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bryansville, Md.

12 MAIDEN NAME OF MOTHER Sallie Jane Morrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East Prospect, Md.

14 Informant (Address) Husband.

15 Filed 4 1926 19 C. HARRISON JONES, M. D. Registrar

By R.K. Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1926. to April 3, 1926.

that I last saw her alive on April 3 1926.

and that death occurred, on the date stated above, at 11:15 P.m.

The CAUSE OF DEATH* was as follows:

Acute Acidosis.

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Appendix Abcess.

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? Yes Date of April 3, 1926

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) J. Arthur York, M. D.

1926 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Whiteford Md. Apr 6 1926 — DATE OF BURIAL

20 UNDERTAKER: Wm Cook — ADDRESS: 528 E Monument

Spec.—1-10-21—M&T—1500 Bks.

E 09155 HEALTH DEPARTMENT—CITY OF BALTIMORE, 10,001 E 09155

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lawrence Hamelin.

(a) RESIDENCE No. 607 East 29th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10. 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	16	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falls Church Md.

PARENTS

10 NAME OF FATHER John Hamelin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Falls Church Md

12 MAIDEN NAME OF MOTHER Minna Langmantel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Falls Church Md

14 Informant (Address) Mrs Edw R Snyder 607 East 29th St

15 Filed APR 4 - 1926 CHARLES JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-24, 1926, to April 2, 1926, that I last saw h[illegible]ive on April 2, 1926, and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia (Pneumococcus)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? St Marys Indus. Sch.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Findings

(Signed) Horace Howell, M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Apr 6 1926

20 UNDERTAKER Tallman Cook ADDRESS 702 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09156

E 09156

CERTIFICATE OF DEATH.

15-137

REGISTERED NO. 7K-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 E. Lanvale St. Ward).

2-FULL NAME Thompson mrs

(a) RESIDENCE NO. 1735 N. Patterson Ave St. Ward

(Usual place of abode)

(If hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: W'te

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Mary Mrs

6 DATE OF BIRTH (month, day, and year): Sept 18 1862

7 AGE: Years 63 Months 6 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: manufacturing

(b) General nature of industry, business, or establishment in which employed (or employer): Cigar factory

(c) Name of employer: Bonchrach

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

PARENTS

14 Informant: [illegible]

(Address): 1735 Patterson

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Acute Dilatation of Heart

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

Duration ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Apr 3, 1926 (Address) 1432 Bens (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IF LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual reside.ce .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

Date of Burial: 4/6 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

CHARLESON JONES M.D.

Cor.—12-9-25—A Co.—200 Bks.

E 09157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Go E 09157

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Southern Hospital St. 12-3 Ward)

2-FULL NAME Louis J. Flowers

(a) RESIDENCE NO. Southern Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1835

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
91				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Ruth A. Gregory

(Address) 2520 Greenmount Ave

16 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) and from information received, am of opinion that said deceased came to his death on the day (stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Louis Flowers M. D.

Coroner

4/5, 1926 (Address) 1122 N. Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Mary's Apr 5 1926

20 UNDERTAKER ADDRESS

William Cook 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

Dr Mary Sprigg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09158

CERTIFICATE OF DEATH.

12E 09158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 542 Gutman Ave ST. 9-4 WARD)

2-FULL NAME Mary Catherine Sprigg

(a) RESIDENCE NO. 542 Gutman Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Singleton E. Sprigg

6 DATE OF BIRTH (month, day, and year): Feb 12 1867

7 AGE — Years: 59 — Months: 1 — Days: 20 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: William Schubach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mehmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. M. C. Sprigg

(Address): 542 Montpelier Ave.

15 Filed APR 4 1926 HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from January 26th 1926, to April 2nd 1926, that I last saw him alive on April 2nd 1926, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo W Hoffmann M.D.

4/3, 1926 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: April 5 1926

20 UNDERTAKER: W. Cook — ADDRESS: 532 Edmondson

Spec.—1-10-21 M&T 1500 lbks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09159

CERTIFICATE OF DEATH.

E 09159

REGISTERED NO. 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City) (St. Hospital) (WARD)

2-FULL NAME Elizabeth Fletcher

(a) RESIDENCE NO. 1400 Reynolds St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): April 1867

7 AGE — Years: 59 | Months: 11 | Days: | If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Joseph Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eddy Wainwright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Hosp Records

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926, to April 3, 1926, that I last saw her alive on April 3, 1926, and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Wm. C. Lane Jr. M. D.

4-4, 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Point Comfort, Elizabeth City Co. Va. DATE OF BURIAL: April 4 1926

20 UNDERTAKER: Wm Cook ADDRESS: 502 E North Ave

Ship Contact Fertilizer Via. Chesapeake Ferry

Spec.—1-10-21—M&T—1500 Blks.

E 09160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

132 E 09160

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 E 21 st ST. 12-5 WARD)

2-FULL NAME Levin W Goslin

(a) RESIDENCE NO. 430 E 21 st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara V. Goslin

6 DATE OF BIRTH (month, day, and year) Sept 2-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thos. Goslin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs W B Weedon

(Address) 430 E 21 st St

15 Filed, 1926 (CHAS. P. JONES, M. D.) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 3, 1926,

that I last saw h/ZM alive on April 3, 1926,

and that death occurred, on the date stated above, at 8 35 P m.

The CAUSE OF DEATH* was as follows:

Cystitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Kidney in hindrance — passed frequently small ones

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Hugh Forsythe, M. D.

4, 3, 1926 (Address) 424 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbridge Md — DATE OF BURIAL: April 5 1926

20 UNDERTAKER: J Winlock — ADDRESS: 502 E North

Filed April 12 1926 Weedon - Due Bill 2 20.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09161 74 E 09161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Montpelier St. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Schaumon

(a) RESIDENCE NO. 1708 mont pelier ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Schaumon

6 DATE OF BIRTH (month, day, and year) Apl 26 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Henry Zimmerman

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Dorothea Knon

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Wm H Schaumon (Address) 1708 Montpelier St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 1 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1920, to Apl 1, 1926, that I last saw h alive on March 15, 1926, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

4/1/26, 19 (Signed) H. J. Kunzey M. D.

(Address) 2700 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL April 5 1926

20 UNDERTAKER E. Schumann & Son

ADDRESS 1037 Hanover

APR 4 1926

C. E. WILSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09162

E 09162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE; (No. 1300 Kuper St. 14-2 Ward) Registered No. 114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bennosha.

(a) Residence No. 1300 Kuper St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced? (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 14-1924.

7-AGE, 2 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.? 18

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER William Bennosha.

11-BIRTHPLACE OF FATHER (city or town) Indian Reservation (State or Country),

12-MAIDEN NAME OF MOTHER Margaret Ware

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14- (Informant) Father

(Address) 1300 Kuper St.

15- Filed 4-1926 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 2, 1926.

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 2, 1926, that I last saw him alive on April 2, 1926, and that death occurred, on the date stated above, at 8.45 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilitation Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Mastitis

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. E. Travers, M. D.

, 19 (Address) 1500 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, April 5, 1926

20-UNDERTAKER, John Fritz — ADDRESS 1205 N Fulton Ave

Spec.—1-10-21—M&T—1500 Bks.

09163

HEALTH DEPARTMENT—CITY OF BALTIMORE

09163

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 26-4 Ward)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Catherine Sommers

(a) RESIDENCE NO. 9 N Catherine Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Otis Sommers

6 DATE OF BIRTH (month, day, and year): Dec 3 1903

7 AGE: Years 23 Months 3 Days 29 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City of Baltimore

PARENTS

10 NAME OF FATHER: Benjam Naff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Bessie Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Otis Sommers (Address) 9 Catherine St

15 Filed ....., 19.... Registrar

HARPSON JONES, M. D.

1926 Pct

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-2 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-18, 1926, to 4-2, 1926, that I last saw h[er] alive on 4-2-26, 19..., and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

with Empyemia and Pregnancy

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4-2-26

Was there an autopsy? No for Empyemia

What test confirmed diagnosis? aspiration & Clinical

(Signed) Gerard Howell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: April 5 1926

20 UNDERTAKER: John J Fields — ADDRESS: 1200 N Amstead

Spec.—1-10-21—M&T—1500 Blks.

Rinecker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09164

CERTIFICATE OF DEATH.

101 E 09164

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) ST., 7-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexandria Rinecker

(a) RESIDENCE NO. 2531 E Monument ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie D. Rinecker

6 DATE OF BIRTH (month, day, and year) August 25th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	52	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Capt, Fire Dept.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Rinecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elz. Germany

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Carrie D. Rinecker
(Address) 2531 E Monument st

15 Filed ....., 19 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-13- , 1926, to April 2, 1926,
that I last saw h.m alive on April 2, 1926,
and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, right side

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mar 18 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Edwin W. Lippincott M. D.

. 19 (Address) Union Memorial

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL April 6th 1926

20 UNDERTAKER George Schulling & Sons

ADDRESS 1126 E Monument st

Spec.—1-12-23—M&T—500 Bks.

E 09165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09165

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 14-1 WARD)

2-FULL NAME Pearl Winebrenner

(a) RESIDENCE NO. St. Vincents Infant Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Not known (4-14-21)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Approx	4	11	19 20	

8 OCCUPATION OF DECEASED: —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Not Known

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant (Address): St. Vincents Infant Asylum Division St.

Filed 4-1926, 19 C. HARRISON JONES, M. D. Registrar

By: R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to April 3, 1926,

that I last saw her alive on April 3, 1926,

and that death occurred, on the date stated above, at 7 55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Bilateral

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Orphanage

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

4/4, 1926 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: 4/7 1926

20 UNDERTAKER: Martin Fahey Sons

ADDRESS: 1827 N. North ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09166
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

12E 09166

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6202 Sycamore Road WARD) 27-7

2-FULL NAME Benjamin O. Williams

(a) RESIDENCE No. 6202 Sycamore Road WARD
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28. 1840

7 AGE — Years: 86 — Months: — — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER Walter B. Williams
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER Mary E. Gibbons
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Robert H. Williams
(Address) 6202 Sycamore Ave

15 Filed 4-1926 Per

G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to April 3, 1926, that I last saw h[illegible] alive on April 3, 1926, and that death occurred, on the date stated above, at 12.25 P. m.

The CAUSE OF DEATH* was as follows:
Chron Myocarditis
Chr. Ext. Nephritis.
Arteriosclerosis.

(duration) 2+ yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings

(Signed) S. M. Bishop, M. D.
April 4, 1926 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: April 5 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—C&T—1500 Bks.

Duval Dickson Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE

1874 E 09167

CERTIFICATE OF DEATH.

49 E 09167

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Duval Dickson Jr.

(a) RESIDENCE NO. 209 Front St. ST., Berwick Pa - WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa -

PARENTS

10 NAME OF FATHER Duval Dickson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Emma Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records JOHNS HOPKINS HOSPITAL

(Address)

Filed APR 4 1926 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18 1925 to April 3rd 1926, that I last saw him alive on April 3rd 1926, and that death occurred, on the date stated above, at 4 50 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Prostate with urinary obstruction metastases obstruction of both ureters-Pyonephrosis bilateral-Septic Thrombosis Iliac Vein Right

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Septic Infection

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? yes Date of Dec 20, 1925

Was there an autopsy? yes

What test confirmed diagnosis? gross & Pathology

(Signed) R. W. Richey M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Berwick, Pa — DATE OF BURIAL: April 4, 1926

20 UNDERTAKER: John O Mitchell — ADDRESS: 120 W. Front St.

Spec.—1-10-21—M&T—1500 Bks.

E 9168

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9168

90 E 09168

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2567 Frederick Ave., ST. 20-4 WARD)

2-FULL NAME Elisabeth Kaler

(a) RESIDENCE NO. 2567 Frederick Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Kaler

6 DATE OF BIRTH (month, day, and year) April 1, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewive

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elisabeth Hoag

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Fred Bower
(Address) 2567 Frederick Ave

15 Filed 4-1926 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 Apr 1926

17

I HEREBY CERTIFY, That I attended deceased from 26 Feb, 1926, to 1 Apr, 1926.

that I last saw h 4 alive on 1 Apr, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia hypostatic

(duration) ... yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Z Vance Hooker, M. D.

4/2/1926 (Address) 2565 Fratman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/5 1926

20 UNDERTAKER Harry A Witzke

ADDRESS 1531 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9169

E 09169

CERTIFICATE OF DEATH.

E 09169

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) Maryland General Hospital (ST.) (WARD)

2-FULL NAME Mrs. Florence Windsor

(a) RESIDENCE NO. Gaithersburg Md, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: wife.

6 DATE OF BIRTH (month, day, and year): Feb 4, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer): H.W.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Delta Pa.

PARENTS

10 NAME OF FATHER: Morris Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Alice Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): Patient

15 Filed 1926 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Apr 4, 1926,

that I last saw her alive on Apr 4, 1926

and that death occurred, on the date stated above, at 5:50 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Hypertension and Nephritis Stage
Chr. Cholecystitis Chr. Colelithiasis
Chr. appendicitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pyosticititis, 20 days
acute Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 2/24/26

Was there an autopsy? no

What test confirmed diagnosis? Operation Clinical

(Signed) E Dirkoos M. D.

, 19 (Address) Mryland General Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: April 6 1926

20 UNDERTAKER: Roy W Barber — ADDRESS: Towsontown Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09170 **E 09170**

CERTIFICATE OF DEATH.

Registered No. C 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 224 Bowers Ct St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Ida B. Hornbey

(Residence in Baltimore: No. 224 Bowers Ct St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day) (Year)

7-AGE. about 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of Industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE, (State or Country). Washington D.C.

PARENTS.

10-NAME OF FATHER. Wm Byrd

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Alice Freeman

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Bleman

(Address) 224 Bowers Ct

15- Filed 6 - 1926 C. HAMPSON JONES, M. D. 192 Per Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Apr 4 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Morton M. D. Coroner

Apr 4 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

Bell to Dau

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Washington D.C. DATE OF BURIAL. Apr 6 1926

20-UNDERTAKER, John H Soaden ADDRESS 1027 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09171

101-801

E 09171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 758 George St 17-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Roberts

(a) Residence No. 758 George St Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1910

7-AGE 15 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Md

PARENTS

10-NAME OF FATHER, Edw A Roberts

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Clarence Roberts

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Clarence Roberts

(Address) 758 Geo St

15- Filed 1926 C. HARRISON JONES, M. D. 192 Registrar.

Per pfc

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 2 1926

17- I HEREBY CERTIFY, That I attended deceased from April 1 1926 to April 2 1926

that I last saw h[illegible] alive on April 2 1926

and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Right side)

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos 3 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P Claudius M. D

Apr 3. 1926 (Address) 1501 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4/5-26

20-UNDERTAKER, Daniel Easton

ADDRESS 916 Park

E 09172

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 09172

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Echodale ave St. 27-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Seibert

(Residence in Baltimore: No. 213 Echodale ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 4 (Day) 1845 (Year)

7-AGE: 80 yrs. 9 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie L Lambell

(Address) 213 Echodale Ave

15- 5- 1926 Filed ..... 191 C. HAMPSON JONES, M. D. Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4th (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to, March 2nd 1926, that I saw h[illegible] alive on March 2nd 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremia,

Arteriosclerosis of Heart

(Duration) yrs mos ds

Contributory (SECONDARY)

(Duration) yrs mos ds

(Signed) H. J. Junkin M. D.

3/4th, 1926 [Address] 1192 N. Milton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Forest Park — DATE OF BURIAL: April 6, 1926

20-UNDERTAKER: Adriance Coale — ADDRESS: 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

E 09173 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 **E 09173**

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1401 Madison St. 12-3

2-FULL NAME Michael Louis Kronenberg

(a) **RESIDENCE NO.** 751 Harlem St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline

6 DATE OF BIRTH (month, day, and year): April 17, 1857

7 AGE — Years: 68 Months: 11 Days: 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 88

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Adam Kronenberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Catherine Kronenberg

(Address) 751 Harlem Ave

15 Filed C. HARPER JONES, M. D.

1520 Per K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21 1925, to April 7 1926, that I last saw h.. alive on April 4 1926, and that death occurred, on the date stated above, at 7-35 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs. 9 mos. 17 ds.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure

Signed) C. F. Cudgnell, M. D.

4/7 1926 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial April 7 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E. Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09174 CERTIFICATE OF DEATH. 74001 **E 09174**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2629 (Street) Guilford Ave (Ward) 17-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Ensor

(a) RESIDENCE NO. 2629 (Street) Guilford Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha N. Ensor

6 DATE OF BIRTH (month, day, and year): 18th Aug 78.

7 AGE — Years: 78 Months: 7 Days: 13 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 10 years

(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods 45

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): White Hall Md. Maryland

PARENTS

10 NAME OF FATHER: James Griffith Ensor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Criswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Chas. H. Ensor

(Address): 2629 Guilford Ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1900, to April 3, 1926,

that I last saw him alive on April 2, 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Milligan L. Ford M. D.

, 19 (Address) 1 W Washington Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: April 6 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

Spec.—1-10-21—M&T—1500 Blks.

Dr Long Hartford Rd + Schultz Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 09175 CERTIFICATE OF DEATH. **E 09175**

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Plymouth Road ST. 27-11 WARD)

2-FULL NAME Emelie G Eimermacher

(a) RESIDENCE NO. 2 Plymouth Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August F Eimermacher

6 DATE OF BIRTH (month, day, and year): Feb 16, 1862

7 AGE — Years: 64 — Months: 1 — Days: 16 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John F Koekritz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August F Eimermacher
(Address) 2 Plymouth Rd

15 Filed ....., 19.... Registrar

THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1926, to April 2, 1926, that I last saw h 96 alive on April 2, 1926, and that death occurred, on the date stated above, at 8:35 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? NO Date of.....

Was there an autopsy? NO

What test confirmed diagnosis? Physical

(Signed) Samuel Long, M. D.

4/3, 1926 (Address) 2711 N. Hartford Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: April 5 1926

20 UNDERTAKER: J M Cook — ADDRESS: 502 E North Ave

5 - 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09176

CERTIFICATE OF DEATH.

129

E 09176

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E. Ann ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Afra Kirchner

(a) RESIDENCE NO. 107 E. Ann ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE: Years 79 (1926 − 1847); Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Andreas Kirchner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Otto Gruedt

(Address) 514 E. Baltimore St. Balto. Md.

15 Filed APR 5 1926 19

C. HUNSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to April 3, 1926, that I last saw her alive on April 2, 1926, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Geo. Keller, M. D.

4/3, 19 26 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 6 26

20 UNDERTAKER: J. J. Stevenson, Lafayette

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09177.

CERTIFICATE OF DEATH.

179 E 09177

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 16 W. White Ave Hamilton 27-11 Ward)

2-FULL NAME Carolyn D. Hofstetter

(a) RESIDENCE NO. 16 W. White Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
fem lw	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 2/1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles E. Hofstetter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.Md

12 MAIDEN NAME OF MOTHER Carolyn Spuckman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.Md

14 Informant Charles E. Hofstetter

(Address) 16 W. White Ave

Filed APR 5 1926 19 C. HARRISON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia-Scalded Neck Back & arm Accident-Pulled coffeepot off table.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 1 ds.

(Signed) J. S. Gallen M. D.

(Coroner)

4-4-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial April 5 1926

20 UNDERTAKER Frederick Lassahn & Sons ADDRESS Fulton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09178

CERTIFICATE OF DEATH.

74 001

REGISTERED NO. E 09178

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St., 15-13 Ward)

2-FULL NAME Wayman Mitchell

(a) RESIDENCE NO. 1704 N Mount St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
about	45 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant J. R. Brown

(Address) 108 W Montgomery

Filed R 5 1926 H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

43, 1926 (Address) 709 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Balt City Hos yrs., mos., 6 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Fenton Penitentiary Balt, Md

Former or usual residence 1704 N Mount St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct Date of Burial April 5 1926

20 UNDERTAKER J. L. Brown & Son ADDRESS 108 W Montgomery St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09179

CERTIFICATE OF DEATH.

24-001

E 09179

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 6301 Fait ave St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Foster

(a) RESIDENCE NO. 6301 Fait ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Foster

6 DATE OF BIRTH (month, day, and year): July 2 1855

7 AGE — Years: 70 — Months: 8 — Days: 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at home

9 BIRTHPLACE (city or town): _____

(State or country): Balto City

PARENTS

10 NAME OF FATHER: Geory Weakley

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): unknown

14 Informant: Geo Foster

(Address): 6301 Fait ave

C. H. PERSON JONES, M. D.

Filed.....19.....

MAR 5 - 1926 Per_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ___ yrs. Indefinite mos. ___ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. ___ mos. ___ ds.

(Signed) Jas. M. Fenlon, M. D.

(Coroner)

4 5, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State 70 yrs., 9 mos., 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 6501 Fait ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — Date of Burial 4/6- 1926

20 UNDERTAKER: H. Sander & Sons — ADDRESS 1710 Fleet

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09180

CERTIFICATE OF DEATH.

170 ✓

REGISTERED NO. E 09180

1-PLACE OF DEATH

City of BALTIMORE: (No. 7001/2 E. 23rd St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Kreis

(a) RESIDENCE NO. 7001/2 E. 23rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline A. Kreis

6 DATE OF BIRTH (month, day, and year) Aug 24/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	7	9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Crowther Motor Car Co

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER George J Kreis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth E. Blackman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Pauline A. Kreis

(Address) 7001/2 E 23rd St.

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in right temple.

Suicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J S H Coroner M. D.

(Address) 508 E. North Ave

4/5/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where did disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 4/6 1926

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

AC

Spec.—1-10-21—M&T—1500 Bks.

E 09181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 09181

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the P. ST., 10-2 WARD)

2-FULL NAME Grace Lewis

(a) RESIDENCE NO. Preston & Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 66; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Albert Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Jarvis

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence

(Address) Preston & Caroline

Filed APR 5 1926 HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 19 to , 19 ,

that I last saw her alive on , 19 ,

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Inguinal Hernia

2 (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

April 3, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 4/5 26.

UNDERTAKER: J. C. Windfield

ADDRESS: 914 Gruntly St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09182 E 09182

CERTIFICATE OF DEATH.

REGISTERED NO. 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Pont ST. 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bartlett, D. Cook

(a) RESIDENCE NO. 1516 Pont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 10/24

7 AGE — Years: 1 — Months: 11 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS:

10 NAME OF FATHER: John Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: John Cook

(Address) 1516 Pont St

Filed ... 1926 ... H. POWELL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to Apr 3, 1926, that I last saw h in alive on Mar 1, 1926, and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. S. Hechner M. D.

Apr 4, 1926 (Address) 1301 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr 5 1926

20 UNDERTAKER: Frank Eversdon — ADDRESS: 1906 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09183

CERTIFICATE OF DEATH.

Registered No. 15

1-PLACE OF DEATH

City of BALTIMORE, (No. 2405 E. Chase St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Novak

(a) Residence No. 2405 E. Chase St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Novak

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City Dept.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Novak

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14- (Informant) Mrs. Mary Novak

(Address) 2405 E. Chase

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-4-26

17- I HEREBY CERTIFY, That I attended deceased from March 25 19 26 to April 4 19 26

that I last saw him alive on April 4 19 26

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carbuncle

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Septic absorption

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 4-26-26.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harlest A. Mey M. D.

5 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL, Cobtell

DATE OF BURIAL, April 7 19 26

20-UNDERTAKER, Frank Crowe & Son

ADDRESS 1906 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

E 09184

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 09184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 Pierce St. 18-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis A Siddons

(a) RESIDENCE NO. 904 Pierce St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis D. Siddons

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) md.

PARENTS

10 NAME OF FATHER Ellis Caulk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md.

12 MAIDEN NAME OF MOTHER Fannie Courtlin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md.

14 Informant Malinda Myers

(Address) 904 Pierce St.

15 Filed ____, 19____ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) 3 yrs. ___ mos. 1 ds.

(Signed) G C Radcliffe M. D.

(Coroner)

April 6 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

Date of Burial April 5 1926

20 UNDERTAKER Mrs. Katie R. Williams & Schindler

ADDRESS 322

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

09185 CERTIFICATE OF DEATH. **E 09185**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Hampden Ave ST., 17-2 WARD)

2-FULL NAME Anna Ella Bowers

(a) RESIDENCE NO. 2811 Hampden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. II mos. I6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos T: Bowers

6 DATE OF BIRTH (month, day, and year) Apr I7 I846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	II	I6	

8 OCCUPATION OF DECEASED at home

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant Mrs Agnes Wilkins (Address) 28II Hampden Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1924, to April 3, 1926, that I last saw h[illegible] alive on April 2, 1926, and that death occurred, on the date stated above, at II: 45 A.M.

The CAUSE OF DEATH* was as follows:

Paralysis, Hemorrhage of Brain

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Old age (duration) yrs. 2 mos. ds.

Bronchitis

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. E. Hearn M. D.

24/5. 1924 (Address) 3909 Fairmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL April 5 1926

20 UNDERTAKER John Ullrich ADDRESS 3000 Calvert

Dec PR 5 - 1926 Harrison Jones M. Registrar

Per

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09186

CERTIFICATE OF DEATH.

129 E 09186

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 106 Chestnut Ave Ward 27th)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Roney

(a) RESIDENCE NO. 106 Chestnut Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Unknown 1856

7 AGE: Years: about 70 | Months: — | Days: — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Peter Roney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Roney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Wm De Vaughn

(Address) 106 Chestnut Ave

15 Filed ..... 19 H. SIDNEY JONES, M. D. Registrar

5 - 1926 KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1926 to April 3 1926

that I last saw him alive on April 2 1926

and that death occurred, on the date stated above, at 5-A m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Diffuse Nephritis Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas P Graves M. D.

4-4-1926 (Address) 1817 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial 4/6 1926

20 UNDERTAKER: Chas P. Graves & Son ADDRESS 1181 West Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09187

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 W Hoffman ST. 7-2 WARD)

2-FULL NAME Samuel Watts

(a) RESIDENCE No. 565 W Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Madora Watts

6 DATE OF BIRTH (month, day, and year) May 1852

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robin Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Patterson Va

14 Informant Madora Watts

(Address) 565 W Hoffman St

15 Filed APR - 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to April 1, 1926, that I last saw him alive on April 1, 1926, and that death occurred, on the date stated above, at 9 30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) One yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Cobey, M. D.

, 19 (Address) 6 Stange

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

20 UNDERTAKER Samuel Wensley

DATE OF BURIAL 4/5 1926

ADDRESS 578 Mt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09188 33E 09188

CERTIFICATE OF DEATH.

REGISTERED NO. 1984
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Beatrice Simpson

(a) RESIDENCE NO. 1114 Druid Hill Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Black
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (Husband of) (or) Wife of: Richard Simpson

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 43 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): ?
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Charles A. Gibbs Sr
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Johanna Washington
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Richard Simpson
(Address): 1114 Druid Hill Ave.

15 Filed APR 5 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 3-18-, 1926, to 4-1-, 1926,
that I last saw h[illegible] alive on 4-1-, 1926
and that death occurred, on the date stated above, at 10 50 p.m.
The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis.

(duration) yrs. mos 2 ds.
CONTRIBUTORY (Secondary) Cardio-Respiratory failure
(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? Stone

19 Did an operation precede death? yes Date of 3:23:26.
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Harry Yates, M. D.
(Address) Franklin Sq Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem
DATE OF BURIAL: 4/5 1926

20 UNDERTAKER: Samuel F. Hensley
ADDRESS: Balto

Spec.—1-10 21 M&T 1500 Bks.

See Letter on file from Dr McConnell April 29-1926.

09189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 31

E 09189

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sullivan

(a) RESIDENCE NO. 575 S Ann St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864 1859

7 AGE: 62 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Patrick Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Ann Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Hosp Records

15 Filed 19 Registrar

C. HAMPSON JONES, M.D.

R5 - 12 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1926 to April 4 1926.

that I last saw him alive on April 3 1926.

and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W D McConnell M. D.

April 4 26 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral DATE OF BURIAL April 6 26

20 UNDERTAKER: Wendell Appleson ADDRESS 378 N

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09190

E 09190

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Patapsco ST. 23-1 WARD)

2-FULL NAME Anrita Margaret Lambert

(a) RESIDENCE NO. 1214 Patapsco ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-30-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Lambert

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Hartenstein

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Anna Lambert
(Address) 1214 Patapsco St

15 Filed 4-5-1926 C. HARPSON JONES, M.D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-20, 1926, to 4-3, 1926, that I last saw her alive on 4-3, 1926, and that death occurred, on the date stated above, at 12:07 a m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) acute tonsilitis 2 days acute bronchitis 5 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs —

(Signed) James Brown M. D.

, 19 (Address) 808 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery a.a.

DATE OF BURIAL April 6 1926

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St

Cor.—12-9-25—A Co.—200 Bks.

E 09191

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 09191

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1349 Woodyear Ave., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Lomax

(a) RESIDENCE NO. 1349 Woodyear St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb, 20, 1926

7 AGE — Years: — Months: 1 Days: 14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Balto md.

PARENTS

10 NAME OF FATHER Elijah Lomax

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Alto Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Elijah Lomax

(Address) 1549 woodyear st.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 1 ds.

(Signed) G C Blades M. D.

(Coroner)

Apr 4 (Address) 1143 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Apr 5 1926

20 UNDERTAKER: Wm J & H Dennis per T E Gibson — ADDRESS 1303 Pennsylvania

Spec.—1-10-21—M&T—1500 Bks.

1916
109192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 09192

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST. 15-13 WARD)

2-FULL NAME Baby Jerome Holly

(a) RESIDENCE NO. 1347 Woodyear ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9½ yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Nathan Holly

11 BIRTHPLACE OF FATHER (city or town) Ind.
(State or country)

12 MAIDEN NAME OF MOTHER Ethel Price

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant Relative
(Address) Johns Hopkins Hospital

Filed APR 5 - 1926 C. HARRISON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 20th, 1926, to April 3rd, 1926, that I last saw h[illegible]alive on April 3rd, 1926, and that death occurred, on the date stated above, at 8 40 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos W Comrall M. D.

, 19 (Address) Johns Hopkin Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

UNDERTAKER Mrs Jos H. Dennis
per T. E. Kelson

DATE OF BURIAL April 5 1926

ADDRESS 1393 Pennsylvania

Spec.—1-10-21—M&T—1500 Bks.

Infant Russell

B 09193

E 09193

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 09193

CERTIFICATE OF DEATH.

REGISTERED NO. 10778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 779 (St.) Gay (Ward) 17-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Russell

(a) RESIDENCE NO. 779 Gay ST., WARD ...

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 3, 1926

7 AGE: Years ... Months ... Days ... If LESS than 1 day, hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ...

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Walter Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hampton Va

12 MAIDEN NAME OF MOTHER: Addie ...

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Addie Russell

(Address): 116 Patapsco ave.

15 Filed APR 5 - 1926 HARRISON JONES, M.D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3 .1926. to April 3 .1926.

that I last saw her alive on April 3 .1926.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Prematurity (6 months)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. M. Gaddy, M. D.

. 19 (Address) 758 Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL ... 19

20 UNDERTAKER ... ADDRESS ...

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09194

41 E 09194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital. REGISTERED NO. 25-3

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Percy S. Woods.

(a) RESIDENCE NO. 10[illegible] Street. Monnel Park ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen L. Hall. Woods,

6 DATE OF BIRTH (month, day, and year): Sept 19th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	✓	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Stanline Bros.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Westpoint, Va.

PARENTS

10 NAME OF FATHER: William J. Woods.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Hemenetta. Jolus,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs. Helen L. Woods.
(Address) 10[illegible] St. Monnell Park.

APR 5 - 1926 H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-4-1926

17 I HEREBY CERTIFY, That I attended deceased from 4-2-, 1926, to 4-4-, 1926, that I last saw him alive on 4-4- 1926 and that death occurred, on the date stated above, at 5-15 p. m.

The CAUSE OF DEATH* was as follows:

Abscess on face.

(duration) yrs. mos 7 dys.

CONTRIBUTORY (Secondary): Septicaemia.

(duration) yrs. mos. 2 dys.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of 4-4-26.

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Harry Tilden, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Slope Cem. West Point, Va.

DATE OF BURIAL: Apr. 5 1926

20 UNDERTAKER: Colin J. Cowan & Son. Per J. J. Cowan

ADDRESS: 901 Holins St.

Spec.—1-10-21—M&T—1500 Bks.

E 09195

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

E 09195

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CERTIFICATE OF DEATH.*

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 N. Stricker St., 19-1 WARD)

2-FULL NAME Mary F. Grimes

(a) RESIDENCE NO. 329 N. Stricker ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Napoleon Grimes,

6 DATE OF BIRTH (month, day, and year) Feby 23 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 660

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Walker, Wm.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. E. Gale Grimes 4/4/26

(Address) 329 N Stricker St.

15 Filed ..... 19 ..... JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to April 3, 1926, that I last saw h— alive on April 2, 1926, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Uremic Sclerosis 5 y

Chronic Nephritis 6 y

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ordema of Lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Kemler, M. D.

(Address) 22 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL Apl. 1926.

20 UNDERTAKER Geo. F. Cowan & Son

ADDRESS 901 Linden Ave

Geo. F. Cowan

Spec.—1-12-23—M&T—500 Bks.

E 09196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143.003

E 09196

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Bouldin ST. 26-5 WARD)

2-FULL NAME Caroline Elizabeth Dvorak

(a) RESIDENCE NO. 227 S. Bouldin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Joseph Dvorak

6 DATE OF BIRTH (month, day, and year): June 15, 1905

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
20	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Jacob Nestrey

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

PARENTS

14 Informant: Albert Joseph Dvorak

(Address): 227 S. Bouldin St.

15 Filed 5-1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1926 to April 24, 1926.

that I last saw him alive on April 24, 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur J. Sparks M. D.

(Address) 1 E Eutaw St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: April 7 1926.

20 UNDERTAKER: August Peck

ADDRESS 2406 E Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Spec.—1-10-21—M&T—1500 Bks.

E 09197

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 09197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1130 Carroll (ST.) 21-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Stemler

(a) RESIDENCE NO. 1130 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Stemler

6 DATE OF BIRTH (month, day, and year) April, 19" 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Mishel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Bach

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Elmer Hansen

(Address) 1130 Carroll St.

Filed - 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April, 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 29. 1926. to April 4 .1926.

that I last saw her alive on April 3 .1926.

and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Uterine Fibroid

Broncho Pneumonia (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) John Schwarzberg M. D.

(Address) 1126 West Cross Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery.

DATE OF BURIAL Apr 7 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Bates St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09198
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

45

E 09198
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 16-2 WARD)

2-FULL NAME Mrs Margaret Trigg

(a) RESIDENCE NO. 3526 Edmondson Ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert C. Trigg

6 DATE OF BIRTH (month, day, and year): Feb 20 1857

7 AGE: Years 69 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER: not given
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Emma C Kline
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: daughter Mrs A M Calleflower
(Address) 3526 Edmondson Ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4 – 3 1926

17 I HEREBY CERTIFY, That I attended deceased from 4 – 1, 1926, to 4 – 3, 1926,
that I last saw her alive on 4 – 3, 1926,
and that death occurred, on the date stated above, at 3 50 p m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Symptoms 18 mo. (duration) yrs. mos ds.
CONTRIBUTORY (Secondary): Operative Shock
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 4-3-26
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J Sheldon Eastland, M. D.
, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Luray Va.
DATE OF BURIAL: April 6 1926

20 UNDERTAKER: Henry H Jenkins Sons Co
ADDRESS: Orchard & McCulloh St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09199 001 100 E 09199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. Murphy

(a) RESIDENCE NO. 418 Fulton St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June = 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 Yr.	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Patrick Murphy

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Margaret Murphy

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn N.Y. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 1926 C. HARRISON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1926 to April 4 1926, that I last saw him alive on April 4 1926, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Thrombosis

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Senile Tonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General Laboratory

(Signed) R Hooper Lindell, M. D.

April 5, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 4/6 1926

20 UNDERTAKER William Cook — ADDRESS 502 E Mt St

Spec.—1-10-21—M&T—1500 Bks.

09200

HEALTH DEPARTMENT—CITY OF BALTIMORE

09200

CERTIFICATE OF DEATH.

REGISTERED NO. 100 801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3223 Potts Ave (St.) 26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul R. Mazurek

(a) RESIDENCE NO. 3223 Potts Ave St. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 9, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Marcel J. Mazurek

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Martha Wolinska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Marcel J. Mazurek
(Address) 3223 Potts Ave.

15 - 1926 C. HAMPSON JONES, M. D.
By RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1926, to April 4, 1926, that I last saw h/she alive on April 4, 1926, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. Lodebook Cor M. D.

4/5, 1926 (Address) 1656 S. 3rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	April 6 1926

20 UNDERTAKER	ADDRESS
Stephen J. Trakowski	1000 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

E 09201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09201

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH 409 N. Rose St. 6-3

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Vasek

(a) RESIDENCE NO. 409 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Charles Vasek

6 DATE OF BIRTH (month, day, and year) Nov. — 1862

7 AGE Years 63 Months 5 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER ~~Unknown~~ ~~Coby~~ Knoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Frank Vasek

(Address) 527 N. Stricker St.

15 Filed 4-6-1926

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to April 2, 1926, that I last saw her alive on April 2, 1926, and that death occurred, on the date stated above, at 11 15 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nephritis, arterio-sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Dobihal M. D.

4/5, 19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL April 6 1926

20 UNDERTAKER John G. Connelly

ADDRESS Eastern Ave

Spec.—1-10-21 M&T 1500 Blks.

(Macci)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09202 E 09202

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1314 Eastern Ave (St.) (Ward) 26-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Macci

(a) RESIDENCE NO. 3813 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec. 27. 24.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: — (Child)

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alfred Macci

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna Tucci

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Alfred Macci

(Address) 1314 Eastern ave

15 Filed. 192 — Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to April 5, 1926, that I last saw h[illegible] alive on April 4, 1926, and that death occurred, on the date stated above, at 10.1. m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? 3813 E. Pratt

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) E. S. Starr, M. D.

April 5 1926 (Address) 1716 Collington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 6 1926

20 UNDERTAKER: Wm F. Kalkowski — ADDRESS: 1618 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 09203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09203

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 27-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Wiener

(a) RESIDENCE NO. 101 Gibbons Ave St. Hamilton Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXX

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Mrs E. Lasinski

(Address) 101 Gibbons Ave

15 1926 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Peritonitis-Strangulated left Inguinal Hernia -gangrene bowel

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Potter M. D.
(Coroner)

4/5/26 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 4/6 1926

20 UNDERTAKER George J Ruth ADDRESS 1335 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09204

E 09204

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 21 B. Hospital No 2 St., Ward)

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Ott.

(a) RESIDENCE NO. 824 Calvert Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose M. Ott

6 DATE OF BIRTH (month, day, and year): Feb 17-1882

7 AGE: Years 44 Months 1 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business or establishment in which employed (or employer): Steamboat

(c) [illegible]: Pipe Work

9 BIRTHPLACE (city or town): Delta. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Lee. Ott.

11 BIRTHPLACE OF FATHER (city or town): Delta. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Ella Manning

13 BIRTHPLACE OF MOTHER (city or town): Delta, Md

(State or country)

14 Informant: Rose M Ott

(Address) 824 Calvert Rd

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

Per ARR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 192 6

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident, —

Dec Drowned Burned 6 hrs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acc Injuries

(Duration) 6 hrs. ds.

(Signed) C. C. Hades, M. D.

(Coroner)

April 5th 19 26 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn Park Cemetery

Date of Burial April 8th 19 26

UNDERTAKER: H. B. Westphal ADDRESS 1850 W Baltimore St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09205

CERTIFICATE OF DEATH.

100 E 09205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 S. Regester ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfons. Maciejewski

(a) RESIDENCE No. 249 S. Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred M yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 24 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Marion. Maciejewski

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Stanislawa . Malanowski

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

Informant Marion . Maciejewski Father.

(Address) 249 S. Regester Street

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4/26

17

I HEREBY CERTIFY, That I attended deceased from 3/25, 1926, to 4/7, 1926.

that I last saw h[illegible] alive on 4/4, 1926,

and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? not

What test confirmed diagnosis? Physical Signs

(Signed) Damit M. D.

19[illegible] (Address) 53 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL April 6 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec. 5-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09206 (duplicate)

CERTIFICATE OF DEATH.

E 09206

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Jones -

(a) RESIDENCE NO. 928 N. Bond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1879

7 AGE: Years 47; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: days work

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER Moses Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant ..... Address: JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 26

17 I HEREBY CERTIFY, That I attended deceased from April 2nd, 1926, to April 3rd, 1926, that I last saw her alive on April 3rd, 1926, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? By Autopsy findings

(Signed) Louis E. Mapitare M. D.

. 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Lawn — DATE OF BURIAL: 4/7 1926

20 UNDERTAKER: Jas. W. Skinner — ADDRESS: 1625 E. Broad St

Spec.—1-10-21—M&T—1500 Bks.

E 09207. HEALTH DEPARTMENT—CITY OF BALTIMORE E 09207

CERTIFICATE OF DEATH. 57

REGISTERED NO. 16-7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 N. Calhoun ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Caroline Parker

(a) RESIDENCE NO. 645 N. Calhoun ST., WARD 8th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): NO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Levi Musgrove

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Albert Smith

(Address) 645 N. Calhoun St

15 Filed 1926, 19

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1926, to Apr. 5, 1926, that I last saw h[illegible] alive on Apr. 5, 1926, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) Yahmen yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Fehlings Sol

(Signed) [illegible] M. D.

4.5.1926 (Address) 140 E Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown Va

DATE OF BURIAL: April 7 1926

20 UNDERTAKER: H M Rowland

ADDRESS 1223 N Mtt.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09208 90 **E 09208**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1910 W Fraut St., 10-5 Ward)

2-FULL NAME Roland M Cost

(a) RESIDENCE NO. 1910 W Franklin St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vilumia Cost

6 DATE OF BIRTH (month, day, and year) June 16 89

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stencil Designer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Md

(c) Name of employer Enamel Co

9 BIRTHPLACE (city or town) _____

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo H Cost

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Mitchell

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant Vilumia Cost

(Address) 1910 W Franklin

15 Date 1926 C. HARRISON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pontine Hemorrhage

6 months (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

___ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) Harrison Jones M. D. (Coroner)

, 1926 (Address) 3325 Pet Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ___

Former or usual residence ___

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — Date of Burial April 6 1926

20 UNDERTAKER W M Routson — ADDRESS 2238 W Pratt

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09209

CERTIFICATE OF DEATH.

E 09209

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 937 Penna. St. 17-2 Ward)

2-FULL NAME Hayward Price

(a) RESIDENCE NO. 937 Penna St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanney Price

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laylor

(b) General nature of industry, business, or establishment in which employed (or employer) Fisher & Co

(c) Name of employer

9 BIRTHPLACE (city or town) V. A.

(State or country)

PARENTS

10 NAME OF FATHER Hayward Price

11 BIRTHPLACE OF FATHER (city or town) V. A.

(State or country)

12 MAIDEN NAME OF MOTHER Missie Reed

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lynchburg V.A.

14 Informant Fanney Price

(Address) 932 Penn St.

15 Filed ..... 19 ..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1- 1926

17 I HEREBY CERTIFY that I viewed the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Gun Shot wounds

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock. Instant

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Lee Lades, M. D.

(Coroner)

Apr 5 26 (Address) 1437 Edgar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg V.A. Date of Burial April 6 1926

20 UNDERTAKER Leonard Whaley ADDRESS 738 Myrtle

Spec.—1-10 21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09210

CERTIFICATE OF DEATH.

24-001

E 09210

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 4-1 WARD)

2-FULL NAME Robert Moore

(a) RESIDENCE NO. 635 Cider Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1879(?)

7 AGE: Years 47 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: ? Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed R6 - 1926. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to April 3, 1926, that I last saw h-ive on April 3, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Residual hemiplegia (cerebral hemorrhage)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Keller. M. D.

4/4/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: April 6 1926

20 UNDERTAKER: Leonard Whalen — ADDRESS: 308 Fayette Ave.

Cor.—12-9-25—A Co.—200 Bks.

Cephas -

HEALTH DEPARTMENT—CITY OF BALTIMORE

160 V

E 09211

CERTIFICATE OF DEATH.

E 09211

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 746 Farak Ave St., 41 Ward)

2-FULL NAME Hamil Cephas

(a) RESIDENCE NO. 746 Barak Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sing

6 DATE OF BIRTH (month, day, and year): 11 Dec - 25

7 AGE — Years: — Months: 3 — Days: 24 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Farm

(c) Name of employer

9 BIRTHPLACE (city or town) Bal Hendley

(State or country)

PARENTS

10 NAME OF FATHER William Cephas

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mamie Coulbourn

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto

14 Informant Mamie Cephas

(Address) 746 Barak Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 Jan 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion Scalp

(duration) 3 wks yrs. _____ mos. _____ ds.

(Signed) Hamil S Thomas M. D.

(Coroner)

, 192 (Address) 332 E Lex St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: April 1926

20 UNDERTAKER: Leonard Wheeler — ADDRESS: 308 Mulberry

Spec.—1-10-21—M&T—1500 Blks.

E 09212

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

CERTIFICATE OF DEATH.

E 09212
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 W. Hoffman ST. 17 WARD)

2-FULL NAME Alice Williams

(a) RESIDENCE NO. 615 W. Hoffman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Williams

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Point
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Stewart.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant (Address) Mrs. Alice Williams 615 W. Hoffman St.

15 Filed 1926 C. HARPER JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to April 3, 1926,
that I last saw her alive on April 3, 1926,
and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Coma.

(duration) 2 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis plus senile debility (duration) 1 yrs. 8 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John L. Stansbury, M. D.

4/5, 1926 (Address) 1037 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North Point M.C. DATE OF BURIAL 4-7 1926

20 UNDERTAKER John H. Toadvine Funeral Director ADDRESS 1037

Spec.—1-10-21—M&T—1500 Bks.

E 09213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09213

CERTIFICATE OF DEATH.

60-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Sarah Williams

(a) RESIDENCE NO. 26 East Lip Rd. WARD Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm J. Williams

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 63. Months — Days — If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wales

PARENTS

10 NAME OF FATHER: John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Coroner JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HARPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26th 1926. to April 4th 1926.

that I last saw her alive on April 4th 1926.

and that death occurred, on the date stated above, at 7 5-9 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia - staphylococcus aureus.
Pyelo-nephritis.

(duration) yrs. mos 4. ds.

CONTRIBUTORY (Secondary) Adenoma thyroid - 9 mos.
Cystitis - 2 yrs. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of March 15.

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Chester D Keefer M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn

DATE OF BURIAL: 4/6/26

20 UNDERTAKER: Joseph Abrams

ADDRESS: 221 Bway

rec.—1-12-23—M&T—500 Blks.

E 09214 HEALTH DEPARTMENT—CITY OF BALTIMORE

1 29 E 09214

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ESTELLE ST. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rhoda Cowman.

(a) RESIDENCE NO. 413 N. Brice ST. ..... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 2 mos. ? ds. How long in U. S., If of foreign birth? 38 yrs. 2 mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

If married, widowed or divorced HUSBAND of (or) WIFE of William E. Cowman

DATE OF BIRTH (month, day, and year) January- 2-1888

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	38	3 2	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John Blaney

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sallie McMakin

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co.

(State or country) Maryland.

Informant Mr. W. E. Cowman - (husband)

(Address) 413 N Brice St

Filed ..... 19 ..... C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to April 5, 1926,

that I last saw her alive on April 5, 1926,

and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chr. nephritis.

(duration) ..... yrs. — mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) O. M. Rhodes, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL April 7th 1926.

20 UNDERTAKER SIDNEY H. NOOKEN COMPANY (WILLIAM F. NOOKEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.- 1-10-21 M&T 1500 Bks.

E 09215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09215

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2908 Orleans ST. 63 WARD)

2-FULL NAME Margaret McIntyre

(a) RESIDENCE NO. 2908 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE | Years 62 | Months | Days | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ire

PARENTS

10 NAME OF FATHER Edw. P. McIntyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cant know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dau. Mrs Dondl
(Address) 2908 Orleans St.

15 Filed ..... 19 .....
6 - 1926 Registrar OK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21/1926

17 I HEREBY CERTIFY, That I attended deceased from 1/1/25 to 4/3/26
that I last saw h[illegible] alive on 4/3/26
and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. J. Hamer M. D.
4/5 1926 (Address) 2939 W Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral | DATE OF BURIAL April 6 1926

20 UNDERTAKER John A. Inman | ADDRESS 3005 E. Baltimore

Spec.—1-10-27 M&T—1500 Bks.

19014 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09216

CERTIFICATE OF DEATH.

+12 3

E 09216

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) ST. 7-1 WARD)

2-FULL NAME Edward B Riggs

(a) RESIDENCE NO. Frederick Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Centenn—

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jan'y Coal Co.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER P. Riggs.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Jan 7 1926, 19... R K E Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 20th, 1926, to April 5th, 1926, that I last saw h. alive on April 5th, 1926, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Operation for cholecystitis chronic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 31926

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of heart

(Signed) J. L. Reichert M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md

DATE OF BURIAL April 8 1926

20 UNDERTAKER M. R. Etchison & Son

ADDRESS Frederick Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09217

E 09217

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1732 E. Lafayette Ave. St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara W. Rogers

(a) RESIDENCE NO. 1732 E Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles J. Rogers

6 DATE OF BIRTH (month, day, and year): 2/25/74

7 AGE: Years 52 | Months 1 | Days 10 | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER: Albert F. Rosenberg

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Christina Tschantz

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Charles B. West

(Address) 1732 E. Lafayette Ave

Filed 6 1926, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/9, 1926, to 4-4-, 1926, that I last saw h/w alive on 4-4-, 1926, and that death occurred, on the date stated above, at 12-15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Metastasis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer Jr., M. D.

4/4, 1926 (Address) 15 W. Saratoga.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk — Date of Burial 4/7 1926

20 UNDERTAKER: Philip Henry — ADDRESS 2016 Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09218

CERTIFICATE OF DEATH.

31 E 09218

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1951 N Lafayette ave St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Newton

(a) RESIDENCE NO. 1951 N Lafayette ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: w

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Newton

6 DATE OF BIRTH (month, day, and year): April 6 1905

7 AGE: Years 21 Months — Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Lerner

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Minita Rosenman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Harry Newton

(Address) 1951 N Lafayette ave

15 Filed ... 1926 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

April 5 — 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1925, to April 5, 1926, that I last saw her alive on April 5, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Baltimore

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam + positive Sputum

(Signed) Jacob Cohen, M. D.

4-5, 1926 (Address) 2220 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cemetery Date of Burial 4-6-1926

20 UNDERTAKER: Jack Lerner ADDRESS 1439 E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 09219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09219

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 10-2 ST., WARD)

2-FULL NAME Calvin Harvey Matthews

(a) RESIDENCE NO. 823 Sterling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 1925

7 AGE: Years — Months 5 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Harry Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Della Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Johns Hopkins Hospital (Address)

15 Filed [illegible] 1926 C. HARRISON JONES, Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1926 to Apr. 4, 1926

that I last saw h[illegible] alive on Apr. 4, 1926,

and that death occurred, on the date stated above, at 1140 P m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 823 Sterling St

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? C.

(Signed) Thos. W. Comegys M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 6 1926

20 UNDERTAKER: Mrs R A Elliott — ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

Dr. Grempler. 3016 Eutaw.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09220

CERTIFICATE OF DEATH.

90 E 09220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3758 Culver ST., 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. DeBaufre

(a) RESIDENCE NO. 3758 Culver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/a yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Justina DeBaufre

6 DATE OF BIRTH (month, day, and year) 12-13-1850

7 AGE: Years 75 Months 3 Days 20 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car Cleaning

(b) General nature of industry, business, or establishment in which employed (or employer): 078

(c) Name of employer: Untd R.R. Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Louis H. DeBaufre

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah A Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Justina DeBaufre (Address) 3758 Culver

15 Filed ..... 19.... C. HARRISON JONES, M. D. Registrar

R.R. - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-1926

17 I HEREBY CERTIFY, That I attended deceased from April 3rd, 1926, to April 3, 1926, that I last saw h— alive on April 3rd, 1926, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Chas T Grempler, M. D.

4/5, 1926 (Address) 511 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Park

DATE OF BURIAL 4/6 1926

20 UNDERTAKER: Wm Cook

ADDRESS 582 E Pratt

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69221

CERTIFICATE OF DEATH.

1008 001

E 09221

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (WARD) 81

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Downey

(a) RESIDENCE NO. 2133 Sinclair Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Teresa Canty

DATE OF BIRTH (month, day, and year) Aug. 5, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	68	7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Nightwatchman

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johanna ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Faber D. Otto

(Address) 2133 Sinclair Lane

Filed 19 C. HARRISON JONES, M. D. Registrar

6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4, 1926,

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1925 to Apr. 4, 1926

that I last saw him alive on Apr. 4, 1926

and that death occurred, on the date stated above, at 11 40 pm.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 12/31/25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Clinical Findings

(Signed) B. Merkle, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	4/8 1926

20 UNDERTAKER Henry A. Mears & Sons

ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09222

CERTIFICATE OF DEATH.

E 09222

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Ash St. 13-3 WARD)

2-FULL NAME Mary E Crockett

(a) RESIDENCE NO. Katonsville Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 2 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or... min.
	8	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)... (State or country) Md

PARENTS

10 NAME OF FATHER Wm W. Crockett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda E McCauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm W Crockett (Address)

15 Filed Apr 8, 1926 C. HARPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 1926, to April 5th, 1926, that I last saw her alive on April 5th, 1926, and that death occurred, on the date stated above, at 3.10 A m.

The CAUSE OF DEATH* was as follows: Pneumonia - (Pneumonia)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Measles. Influenza.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Beyond Catonsville Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical findings

(Signed) P. G. Hillick M. D.

(Address) 1317 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Apl 7 1926

20 UNDERTAKER: Chenoweth Son

ADDRESS: 1617 Chestnut

Spec.—12-9-25—A Co.—200 Bks.

E 09223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 09223

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1908 Light St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine A. Heinz

(a) RESIDENCE NO. 1908 Light St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Heinz

6 DATE OF BIRTH (month, day, and year): Aug. 28 - 1871

7 AGE: Years 54 | Months 7 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): (37)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Tockes.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Edward Heinz

(Address): 1908 Light St.

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5 19 26

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 25 to April 5, 19 26

that I last saw her alive on April 2, 19 26

and that death occurred, on the date stated above, at [illegible] P.M.

The CAUSE OF DEATH* was as follows: Acute toxemia Pregnancy

(duration) ..... yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary): Acute nephritis

(duration) 2 yrs. 6 mos. ..... ds.

18 Where was disease contracted — —

If not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Kelly, M. D.

, 19 26 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial 4/6 19 26

20 UNDERTAKER: J. Fw McCully ADDRESS 131 E. Fay

Spec.—12-9-25—A Co.—200 Bks.

E 09224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 09224

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1738 Johnson St. 24-2 Ward)

2-FULL NAME Henry L. Carter

(a) RESIDENCE NO. 1738 Johnson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Carter

6 DATE OF BIRTH (month, day, and year) Dec 27 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Jos Carter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Leitner

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Carter

(Address) 1738 Johnson St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Apr 2 19 26 to Apr 6 19 26

that I last saw him alive on Mar 3 19 26

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy! No

What test confirmed diagnosis! Clinical

(Signed) [illegible], M. D.

Apr 6, 19 26 (Address) 1 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem — Date of Burial 4/7 1926

20 UNDERTAKER J. Few McCully — ADDRESS 130 S. Fr[illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09225

CERTIFICATE OF DEATH.

E 09225

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1031 Myrtle Ave (St.) 7-W (WARD)

2-FULL NAME Roland Russell

(a) RESIDENCE No. 1031 Myrtle Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 7-1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Horse wagon

(c) Name of employer: Archers Laundry

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Isiah Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Grace Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Blanche Anderson
(Address) 1031 Myrtle Ave

15 Filed [illegible] 1926 HARRY JONES, M.D., Registrar
RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20th, 1926, to April 3rd, 1926, that I last saw him alive on April 3rd, 1926, and that death occurred, on the date stated above, at 11:45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4/6 1926

20 UNDERTAKER: Samuel H Sausly — ADDRESS: [illegible] Belair

Cor.—12-9-25—A Co.—200 Bks.

09226

HEALTH DEPARTMENT—CITY OF BALTIMORE

Time of burial to be stated by undertaker

Monday April 12, 26

B. 09226

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 262 W Fayette St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chin Li

(a) RESIDENCE NO. 1811 Ellamont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chin Low

6 DATE OF BIRTH (month, day, and year): Dec 6 1890

7 AGE: Years 35 | Months 3 | Days 25 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer): 41

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) China

PARENTS

10 NAME OF FATHER Chin Bow Pang

11 BIRTHPLACE OF FATHER (city or town)

(State or country) China

12 MAIDEN NAME OF MOTHER Lee See

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) China

14 Informant Chin Bow Pang

(Address) 1811 Fayette St. Balto. Md.

15 Filed ..... 1926 ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Hunter M. D.

(Coroner)

, 19 26 (Address) 33 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial Apr 7 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 09227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

E 09227

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forest Ave & Georgetown Rd ST. 25 3 WARD)

2-FULL NAME Sabina D Shaffer

(a) RESIDENCE No. Forest Ave & Georgetown Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 13, 1851

7 AGE: Years 74 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Altoona Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: George L Zucht

(Address) Forest Ave Georgetown Rd

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5 1926

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to April 5, 1926, that I last saw her alive on April 4, 1926, and that death occurred, on the date stated above, at 6-30 am m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary): none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H Ernst Kieffer M. D.

April 6, 1926 (Address) 23 E Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: April 7 1926

20 UNDERTAKER: Amelia Paulus — ADDRESS 15 Hollins

Spec.—12-9-25,—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09228

CERTIFICATE OF DEATH.

129

E 09228

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 53 S. Stockton St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Rosie M. Wheeler

(a) RESIDENCE NO. 53 S. Stockton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Richard Wheeler

6 DATE OF BIRTH (month, day, and year): Sept. 16, 1894

7 AGE: Years 32 31 | Months 6 | Days 18 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-Wife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: ? Powers

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Georgann Lowes

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Gertrude Jackson

(Address): 2 12th Schroeder St

Filed ... 19 ... C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 28 1926 to April 4, 1926

that I last saw h[er] alive on April 3, 1926

and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Inst. Nephritis

(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary): Uremia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Mayo Williams, M. D.

4-4 1926 (Address) 1830 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial 4/7 1926

20 UNDERTAKER: Daniel Easton — ADDRESS 1916 E 43

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09229

CERTIFICATE OF DEATH.

1948

E 09229

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1212 Shields Alley St. 17-1 Ward)

2-FULL NAME Carrie Brayboy

(a) RESIDENCE NO. 1212 Shields Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July-6-1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) Md. Genl Hosp.

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Md.

PARENTS

10 NAME OF FATHER James Bratten

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Robinson

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Md.

14 Informant Lottie Brown (Aunt)

(Address) 1425 McCulloh St.

15 Filed ..... 1926 C. H. Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5th 1926

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH was as follows:

Homicide

Fracture of Skull Lac Cut made by

(duration) .....

CONTRIBUTORY (Secondary) Shock Instant

(duration) .....

(Signed) C. H. Jones M. D.

(Coroner)

(Address) 1436 Berry

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Apr. 6 1926

20 UNDERTAKER J. W. M. Johnson ADDRESS 234 Ellamont St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 V E 09230

CERTIFICATE OF DEATH.

E 09230

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Randall H. Hampton

(a) RESIDENCE NO. Provident Hospital St.

WARD St Louis

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 29-1884

7 AGE — Years: 41 — Months: 11 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Artist

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Randall H. Hampton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Nancy Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): John H. Hampton 1425 McCulloh St

15 Filed Apr 6 1926, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1926, to Apr. 4, 1926,

that I last saw him alive on Apr. 4, 1926

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Ascending Spinal Paralysis.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? St. Louis, Mo.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Carr, M. D.

Apr. 6 1926 (Address) 515 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Petersburg, Virginia — DATE OF BURIAL: Apr. 6 1926

20 UNDERTAKER: Jas. M. Johnson — ADDRESS 1234 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09231

CERTIFICATE OF DEATH.

E 09231

REGISTERED NO. 7-1 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 7- WARD)

2-FULL NAME George Schaeffer or Schieffer

(a) RESIDENCE No. Rear of 4035 Washington ST. 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Schieffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schieffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed C. H. PSON JONES, M. D. Registrar

26 - 1926 Number MK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to April 4, 1926,

that I last saw him alive on April 4, 1926

and that death occurred, on the date stated above, at 1:45 p. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Cerebral thrombosis)

(duration) yrs. 2 mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) A. Lindsay Miller, M. D.

4/5. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL: April 6 1926.

20 UNDERTAKER: Lilly Zieler ADDRESS: 4038. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09232

CERTIFICATE OF DEATH.

90 E 09232

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 N. Fulton Ave ST. 15-12 WARD)

2-FULL NAME Mary L. Shook

(a) RESIDENCE NO. 1728 N. Fulton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced; (write the word)~~
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel J. Shook

6 DATE OF BIRTH (month, day, and year) Dec 29th, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick

(State or country) Md

PARENTS

10 NAME OF FATHER ----- Bartholomew

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs Alice V. Daws

(Address) 1728 N. Fulton Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5th, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4. 1926. to Apr. 5. 1926.

that I last saw her alive on Apr. 4. 1926.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

unknown years (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) A. L. Stansbury M. D.

Apr. 5. 1926 (Address) 714 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 7, 26

20 UNDERTAKER Parkwood Co

ADDRESS 1723 W. Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09233

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

101 E 09233

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Dickeyman St. 43rd WARD)

2-FULL NAME Jennie Conway Healy

(a) RESIDENCE NO. 701 Dickeyman St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 0 mos. ... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Healy.

6 DATE OF BIRTH (month, day, and year) Feb 2 1870

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) (

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Patrick Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Haley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Martin Healy

(Address) 701 Dickeyman St

15 Filed APR 6 1926 19... C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926 to April 3 1926

that I last saw h alive on April 3, 1926

and that death occurred, on the date stated above, at 11 40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

April 5, 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral,

DATE OF BURIAL April 7, 1926

UNDERTAKER Chas. L. Stevens.

ADDRESS 1001 E. Fayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-001

E 09234

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 233 Arlington Ave ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walker

(a) RESIDENCE No. 233 Arlington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 If single, married, widowed, or divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: 42 (43) Years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Olivia Walker

(Address) 233 Arlington.

15 Filed ....., 19... C. H. [illegible] JONES, M. D. Registrar

Per ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 4, 1926, that I last saw him alive on April 3, 1926, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Contributory Chronic Nephritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) W. T. Coleman M. D.

(Address) 703 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn SC

DATE OF BURIAL: 4/6 1926

20 UNDERTAKER: Francis Easton

ADDRESS 916 Park

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09235

CERTIFICATE OF DEATH.

E 09235

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willis Hise

(a) RESIDENCE NO. 1315 Myrtle St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 26; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER Wm Hise

11 BIRTHPLACE OF FATHER (city or town): S. C.

(State or country)

12 MAIDEN NAME OF MOTHER Julia Davis

13 BIRTHPLACE OF MOTHER (city or town): S. C.

(State or country)

14 Informant: Dr. J. H. Fitchett

(Address) 1018 N. Charles

15 Filed ____ G. HAMILTON JONES, M. D. Registrar

By ____

1525

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1926

17 I HEREBY CERTIFY That I held an autopsy upon the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) G. C. Wades M. D.

(Coroner)

(Address) 143 N. Bway

4/6/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine C.

Date of Burial: 4/6/1926

20 UNDERTAKER: Wm Cook

ADDRESS 502 E. Mad

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09236

CERTIFICATE OF DEATH.

E 09236

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 420 Somerset St. 5-2 Ward)

2-FULL NAME Edward L Trusty

(a) RESIDENCE NO. 420 Somerset St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): _____

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1925

7 AGE — Years | Months: 10 | Days: 27 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Edward Trusty

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Estella Helms

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Edward Trusty

(Address) 420 Somerset St

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1926

17

I HEREBY CERTIFY, That I attended deceased from March 21 1926, to April 3, 1926, that I last saw him alive on April 3, 1926, and that death occurred, on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) .....yrs. .....mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted _____

If not at place of death?

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) George S Selden M. D.

4-5 1926 (Address) 5608 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Zion Cemetery April 7 1926

20 UNDERTAKER — ADDRESS

Mrs. R. A. Elliott 1725 Aisquith

Spec.—1-30 21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09237.

CERTIFICATE OF DEATH.

31 E 09237.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city hospitals ST. D. 2 WARD)

2-FULL NAME Nathalie Middleton

(a) RESIDENCE No. 1310 E. Monument st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Silas Middleton

6 DATE OF BIRTH (month, day, and year) 1905 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	21 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER William Aikin

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Florence Jadson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

Informant Hospital Records

(Address)

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926, to April 5, 1926,

that I last saw her alive on April 5, 1926,

and that death occurred, on the date stated above, at 10.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm McPhail M. D.

4-5-26 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Lebanon	Apr. 7 1926
20 UNDERTAKER Wm P. G. Elliott	ADDRESS 702 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09238

CERTIFICATE OF DEATH.

98 E 09238

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N. Central Ave ST. 10 2 WARD)

2-FULL NAME Margaret Mary Mariella

(a) RESIDENCE No. 1031 N. Central Ave ST., 10 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Anthony Mariella

6 DATE OF BIRTH (month, day, and year) Oct. 17 1891

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James F. Gilroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Catherine Cain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm. Anthony Mariella
(Address) 1031 N. Central Ave

15 Filed APR 6 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to April 4, 1926 that I last saw her alive on April 3, 1926 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Passano M. D.

4.6.26. 19 (Address) 614 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Apr. 7 1926

20 UNDERTAKER: Henry Storch Son ADDRESS: 1012 Eager St

Mary J. Nolen

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09239

CERTIFICATE OF DEATH.

E 09239

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 N Carlton ST. 18-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Nolen

(a) RESIDENCE. NO. 4 N Carlton ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Wdr

5a If married, widowed, or divorced (Husband of / Wife of): John J. Nolen

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 35 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: George Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Susan Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): J. A. Nolen 4 N Carlton St

15 Filed 1920 H. THOMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1920

17 I HEREBY CERTIFY, That I attended deceased from March 26 1920, to April 2 1920,

that I last saw h alive on 1920,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Abdominal Tumor (Malignant)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis? J J Norwood

(Signed) J J Norwood M. D.

1920 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Gilboa Cemetery	April 7 1920

20 UNDERTAKER: J. F. Ellis & Sons ADDRESS: Residence Towson Md

Spec.—1-10-21—M&T—1500 Bks.

E 09240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09240

CERTIFICATE OF DEATH. Brooklyn

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 339 Washington Ave ST. WARD 5-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Gast

(a) RESIDENCE No. 339 Washington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gast

6 DATE OF BIRTH (month, day, and year): Dec 14 1844

7 AGE: Years 81 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): around home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Carl Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Valk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Carl Lutz

(Address) Custer Bay

15 - 1926 C. HAMPSON JONES, M. D. Registrar

P8- R.F.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): APRIL 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 1926, to Apr 5, 1926, that I last saw h[illegible] alive on 4/4, 1926, and that death occurred, on the date stated above, at 2 43 a m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia.

(duration) 1 yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Leithauser, M. D.

, 19 (Address) 324 School St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: April 7 1926

20 UNDERTAKER: John F Denny

ADDRESS: 915 Light St

Cor.—1-12-23—M&T—100 Bks.

E 09241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09241

CERTIFICATE OF DEATH.

24-2 181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 Light St. ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander H. Palmer

(a) RESIDENCE NO 1501 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 2 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) October 24 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Scotland

10 NAME OF FATHER Charles Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Margaret Skinner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland.

Informant Charles Palmer. (father)
(Address) 618 N. Main St. Richmond Va.

Filed 1926 C. HAMPSON JONES, M. D.
Per ---- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5th 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating gas asphyxia.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt (Coroner.) M. D.

April 6, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va - Via B & O. DATE OF BURIAL April 6 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09242

CERTIFICATE OF DEATH.

E 09242

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St., 4-3 Ward)

2-FULL NAME Edna Roberts

(a) RESIDENCE NO. Stepney Harford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W/Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 38 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Stepney Harford

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 - a.m. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Duration (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Duration yrs. mos. ds.

(Signed) M. D.

(Coroner)

March 30 1926 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt. Lookout, Md. Date of Burial 4/3/ 1926

20 UNDERTAKER: ADDRESS

Bureau of Health.

Per Wm. E. Cook

MORGUE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09243

CERTIFICATE OF DEATH.

154-002

E 09243

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 N Arlington Ave Ward 16)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Baby Smith

(a) RESIDENCE NO. 913 N Arlington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): April 4 1926

7 AGE — Years — Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: NB

(b) General nature of industry, business, or establishment in which employed (or employer): W

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country) Maryland

PARENTS

10 NAME OF FATHER James Landry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mae Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant

(Address)

15 Filed C. H. [illegible] 19

1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926 19

17 I HEREBY CERTIFY, That I attended deceased from April 4 1926, to April 4 1926, that I last saw him alive on April 4 1926, and that death occurred, on the date stated above, at 2300 P.M.

The CAUSE OF DEATH* was as follows: Asphyxia Condition of Cyanosis and died at birth before delivery

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Asphyxia Condition

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jas. E. Hall, M. D.

, 19 (Address) 2266 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health,

APR 6 1926

0268

Cor.—12-9-25—A Co.—200 Bks.

Grace Simms

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09244

E 09244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mw Hosp. St., 4-1 Ward)

2-FULL NAME Grace Simms

(a) RESIDENCE NO. 16 Aliceville Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Simms

6 DATE OF BIRTH (month, day, and year): Nov. 29-1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: Sam Tamburgie

11 BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant: Tom Simms

(Address) Catonsville Md

15 [illegible] 19 26

C. HAMPSON JONES, M. D.

Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Resp. Paralysis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

Attended Apr 4 1926 J. C. Jones (Coroner) M. D.

Apr 4 1926 (Address) 4316 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial Apr 7 26

20 UNDERTAKER: George L. Schwab ADDRESS: 1081 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09245

E 09245

CERTIFICATE OF DEATH.

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1251 Light St ST. 24-1 WARD)

2-FULL NAME Phyllis A Rogers

(a) RESIDENCE NO. 1251 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER James S. Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Beulah Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Grace Hill

(Address) 1730 Bell St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per ARA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6/26 19

17 I HEREBY CERTIFY, That I attended deceased from March 30/26 to April 6/26, 19

that I last saw her alive on April 6/26, 19

and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Faulty Circulatory System
(Blue Baby)

(duration) yrs. mos 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John B Holt, M. D.

April 6/26 (Address) 1703 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broomes Island Calvert Co

DATE OF BURIAL April 7 1926

20 UNDERTAKER Via Auto John H. Denny

ADDRESS 715 Light St

Spec.—12-9-25—A Co.—200 Blks.

E 09246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 09246

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 332 S Pulaski St., 7-1 Ward)

2-FULL NAME Maggie Rimbach

(a) RESIDENCE NO. 307 S Durham St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Rimbach

6 DATE OF BIRTH (month, day, and year): October 26 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Bath

PARENTS

10 NAME OF FATHER Theodor Weber

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Frank Rimbach

(Address) 307 S Durham

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1 1926 to April 4 1926

that I last saw h[illegible] alive on April 4, 1926,

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ____ yrs. 3 mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ryland, M. D.

(Address) 2914 Keswick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: April 7 1926

20 UNDERTAKER: Wendell Duffell & Son — ADDRESS 878 Hanover

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09247

CERTIFICATE OF DEATH.

Registered No. 1-3 101

1-PLACE OF DEATH

City of BALTIMORE: (No. 2633 Fait Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Katherine Artka

(a) Residence No. 2633 Fait Av St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, Widow or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Artka

6-DATE OF BIRTH (month, day and year) May 1842

7-AGE, 78 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEKEEPING

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9-BIRTHPLACE (city or town) (State or Country), POLAND

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), POLAND

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), POLAND

14- (Informant) JOHN ARTKA

(Address) 2683 FAIT. AV

15- Filed 6 - 1926 C. HAMPSON JONES, M. D. Registrar.

Per Asst

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 5 - 26

17- I HEREBY CERTIFY, That I attended deceased from April 3, 1926 to April 5 1926

that I last saw her alive on April 5 1926

and that death occurred, on the date stated above, at 1.15a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Endocarditis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Chas. Kenwood M. D.

, 19 (Address) 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL HOLY ROASRY

DATE OF BURIAL, APRIL 8 1926

20-UNDERTAKER, WENDELL, DIPPELL & Son

ADDRESS 378 Ann

Spec.—1-10-21—M&T—1500 Bks.

E 09248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09248

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 Collins Ave., ST. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Lovell

(a) RESIDENCE NO. 145 Collins Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ellen Lovell

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	83	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminister, Md.

PARENTS

10 NAME OF FATHER Eliza Lovell

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mr. William H. Lovell 145 Collins Ave.,

15 - 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/25 1926 to Apr 5 1926, that I last saw h[illegible] alive on April 5 1926, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial Nephritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examn.

(Signed) W. A. Lovell, M. D.

4/5, 1926 (Address) Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminister, Md.

DATE OF BURIAL April 7, 26

20 UNDERTAKER Nelson E. Stiles

ADDRESS 231 Md Ave Westport

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09249

E 09249

CERTIFICATE OF DEATH.

58-401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 S. Ellwood ave ST., 4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie G. Kenney

(a) RESIDENCE NO. 828 S. Ellwood ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/4 1870

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Patrick Kenney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Malone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thos. Kenney

(Address) 828 S. Ellwood ave

15 Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1923, to March 1926,

that I last saw h Sd alive on March 31, 1926,

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab. Tests

(Signed) Solomon Strouse M. D.

, 19 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holbrus Cemetery

DATE OF BURIAL 4/7/1926

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 09250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09250

CERTIFICATE OF DEATH.

101-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital ST., 13-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Rocke

(a) RESIDENCE NO. 2544 Frances St. ST., ... WARD Cleveland Ohio

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
About	25			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hampson Restaurant

BIRTHPLACE (city or town) (State or country) Ohio.

10 NAME OF FATHER Frank Rocke

11 BIRTHPLACE OF FATHER (city or town) 528 Frankstown (State or country) Ohio.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) unknown.

14 Informant Supt. Hospital

(Address) Colonial Hospital

15 No. 1926 C. HAMPSON JONES, M. D. 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1926, to April 4, 1926, that I last saw h[illegible]alive on April 3, 1926, and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows: c

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical finding

(Signed) Chas D. Brudlow, M. D.

, 19 (Address) 1122 No Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cleveland Ohio	4/7 1926
20 UNDERTAKER	ADDRESS
William Cook	502 North

...ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09251

74 E 09251

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 428 Fremont St. (WARD) 20-b

2-FULL NAME Mrs. Ellen Nora Mortimer

(a) RESIDENCE NO. 428 Fremont ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wife of John S. Mortimer

DATE OF BIRTH (month, day, and year) Dec 26-1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81		3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balt., Md.

10 NAME OF FATHER: Isaac Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. ? Md.

12 MAIDEN NAME OF MOTHER: Margaret A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

Informant (Address): Son - Ralph P. Mortimer 428 Fremont St

Filed - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/5 1926

17

I HEREBY CERTIFY, That I attended deceased from 3-10, 1926, to 4/5, 1926, that I last saw her alive on 4-5, 1926 and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. / mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) F. A. Sagebiel, M. D.

4/5, 1926 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	April 7 1926
20 UNDERTAKER: Jos B Cook	ADDRESS: 1002 W Balto

pec.—1-12-23—M&T—500 Blks.

E 09252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09252

CERTIFICATE OF DEATH.

REGISTERED NO. 74-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 Emmet Av. (St.) 27-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Eney

(a) RESIDENCE NO. 12 Emmet Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of late Benjamin F. Eney

DATE OF BIRTH (month, day, and year) June 27, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	81	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

10 NAME OF FATHER James G. R. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Margaretta Giles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland.

Informant (Address) Mrs. John E. McGinley 124 Emmit Avenue

Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6. 1926

17

I HEREBY CERTIFY, That I attended deceased from April 3. 1926 to April 6. 1926

that I last saw h alive on April 6. 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Hemiplegia)

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruce, M. D.

4/6/26 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore, Cemetery

DATE OF BURIAL Apr. 8 1926

20 UNDERTAKER Wm. H. Cook

ADDRESS 1003 W. Balto. St.

Spec.—1-10-21 M&T 1560 Bk (Elizabeth Lacy) Campbell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09253 — CERTIFICATE OF DEATH. — 91 E 09253

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1773 E Byrd ST., 74 WARD 7

2-FULL NAME Elizabeth Lacy

(a) RESIDENCE No. 1773 Byrd ST., 74 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Lacy

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE — Years 83 — Months — Days — If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Co Clare Ire

PARENTS

10 NAME OF FATHER Phillip Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Lacy (Address) 1773 Byrd St

15 Filed 4-8-1926 C. HAMPSON JONES, M. D. Registrar Per WRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1926, to April 5, 1926, that I last saw h alive on April 4, 1926 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Indefinite yrs mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. H. Campbell M. D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lafayette Cem

DATE OF BURIAL 4/8 1926

20 UNDERTAKER Joseph Sahey & Son

ADDRESS 1316 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09254

CERTIFICATE OF DEATH.

X 185 E 09254

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at Johns Hopkins Hospital St., 7-1 Ward)

2-FULL NAME Masazo Suda

(a) RESIDENCE NO. Steamship Jufukumura St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. / ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	mongolian	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Take Suda

6 DATE OF BIRTH (month, day, and year) ___ ___ 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Quartermaster

(b) General nature of industry, business, or establishment in which employed (or employer) Ship

(c) Name of employer Owner

9 BIRTHPLACE (city or town) _____

(State or country) Japan

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Japan

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Japan

14 Informant Captain Jufkumura

(Address)

1926 C. HAMPSON JONES M. D. Registrar

Per MCH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 6/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull-Fell from main mast or deck when same broke at splice. Mast very much decayed. Fell about 60 ft.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Cole M. D.

(Coroner)

4/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 ~~PLACE OF BURIAL~~, CREMATION OR REMOVAL Loudon Park Date of Burial 4/8 1926

20 UNDERTAKER J. H. Labyrowski ADDRESS 1218 Eager Av.

E 09255

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 09255

90

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1017 Harlem Ave (St.) 16-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Ida Virginia Conklin

(Residence in Baltimore: No. 1017 Harlem Ave St.: 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: March (Month) 18 (Day), 1858 (Year)

7 AGE: 68 yrs. 1 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country):

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank E Conklin

(Address) 1017 Harlem Ave

15

Filed 1926 191

C. HARRY JONES, M. D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr. (Month) 5 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from about 6 mo 192 . to. Apr 5 1926.
that I saw h-r alive on Apr. 5 . 1926.
and that death occurred, on the date stated above, at 8.25 p.m.
The CAUSE OF DEATH* was as follows:

6 Chronic Endocarditis

(Duration) about yrs. 6 mos. ds

Contributory (SECONDARY) Rheumatic Endocarditis

(Duration) about yrs. 6 mos. ds.

(Signed) H. G. Prentiss M. D.

Apr 6 1926 (Address) 634 Gramercy Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Apr 7 1926

20 UNDERTAKER: Hughes & Gross Inc

ADDRESS: Mt St Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09256

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2036 Sant St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Lindemann

(a) Residence No. 2036 Sant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Pauline E Lindemann

6-DATE OF BIRTH (month, day and year) Nov-11-1847

7-AGE. 78 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Seaman 032
(b) General nature of Industry, business, or establishment in which employed (or employer).
(c) Name of employer. Baltimore St. Wharf

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Maryland

PARENTS:
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (city or town). Unknown
(State or Country),
12-MAIDEN NAME OF MOTHER, Isabella Millar
13-BIRTHPLACE OF MOTHER (city or town). Unknown
(State or Country).

11- (Informant) Pauline E. Lindemann
(Address) 2036 Sant St.

13- Filed 1926 C. HAMPSON JONES, M. D. Registrar.
By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 5 1926

17- I HEREBY CERTIFY, That I attended deceased from Mch 1, 1926, to April 5, 1926
That I last saw him alive on April 5, 1926
and that death occurred, on the date stated above, at 11:01 P.M.
The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan C. Penman M. D.
4 6, 1926 (Address) 1821 Fallsway City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Carmel Cemetery	4/8, 1926
20-UNDERTAKER. Hughes & Long	ADDRESS 1214 Madison Ave

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09257.

E 09257

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 151 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Benjamin Leach.

(a) RESIDENCE NO. 1707 Filton Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred eight mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Benjamin Leach

6 DATE OF BIRTH (month, day, and year): Dec 24, 1844.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Geo. E. Leach.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Maddox.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mr Benjamin Leach. 1707 Filton Pl.

15 - 1926 C. HAMPSON JONES, M. D., Registrar

Per R.T.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-6- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-14-, 1926, to 4-6-, 1926,

that I last saw him alive on 4-6-, 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) [illegible] ds.

CONTRIBUTORY (Secondary): Forensics

(duration) [illegible] ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of 2/16/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson Kains M. D.

, 19 (Address) 1 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 4 19 26

20 UNDERTAKER: Hughes & Jones Inc

ADDRESS: 434 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09258

CERTIFICATE OF DEATH.

1826 E 09258

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen'l Hosp. St., 11-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ed. Forrest Wilson

(a) RESIDENCE NO. 879 16 Howard St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): June 20 1851

7 AGE: Years 74 Months 9 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer: Hotel Kennedy Co.

9 BIRTHPLACE (city or town)..... (State or country) England.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)..... (State or country) unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)..... (State or country)

14 Informant: Mrs. J. Parker. (Address) Hotel Kennedy

15 Filed.....19 C. HAMPSON JONES, Registrar

Per_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Fall down Stairs

Oedema of Cord

(duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) H E Grady M. D. (Coroner)

Apr. 7 1926 (Address) 143 W. Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Apl 7 1926

20 UNDERTAKER: Hughes & Woelpert — ADDRESS: Hnd & Pitt Sts

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09259

E 09259

CERTIFICATE OF DEATH.

REGISTERED NO. 159-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Bond ST. 32 WARD)

2-FULL NAME Vera Bys

(a) RESIDENCE No. 421 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	child

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 10-26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER John Bys

11 BIRTHPLACE OF FATHER (city or town) South Carolina
(State or country)

12 MAIDEN NAME OF MOTHER Emma Matuk

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant John Bys
(Address) 421 S. Bond St.

15 Filed ..... 19 26 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4, 19 26, to April 6, 19 26, that I last saw h[illegible] alive on April 6, 19 26, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

a Congenital Heart Trouble

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Ryder, M. D.
19 26 (Address) 502 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Sepulchre	April 8 19 26
20 UNDERTAKER	ADDRESS
H. E. Ozazewski	1930 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09260

CERTIFICATE OF DEATH.

E 09260

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 N. Eden St St 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Randolph Howard

(a) RESIDENCE NO. 523 N. Eden St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) (Commomn)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) A.A. Co. Md

PARENTS

10 NAME OF FATHER Josiah Howard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A.A. Co.

12 MAIDEN NAME OF MOTHER Savilla Carter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A.A. Co.

14 Informant Robt. Williams

(Address) 1515 McElderry

C. HAMPSON JONES, M. D.

Filed APR 7 - 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 4/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable Pneumonia

(duration) yrs. 7 mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

4/7/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch Date of Burial April 7 1926

20 UNDERTAKER Robert Williams ADDRESS 1515 McElderry st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09261

1-PLACE OF DEATH

City of BALTIMORE: (No. 1500 E. Oliver St St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madeline Poluet

(a) Residence No. 1500 Oliver St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed or divorced (or) WIFE of: Joseph B Poluet

6-DATE OF BIRTH (month, day and year): April 7-1863

7-AGE: 62 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Jacob Lotz

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Andrew J Poluet

(Address): 1500 Oliver St

15- Filed 192 Registrar.

C. HAMPSON JONES, M. D.

R7 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 19 26 to April 5 19 26

that I last saw h. alive on April 5 19 26

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Coad M. D

4/5 19 26 (Address) 4138 Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: April 8 19 26

20-UNDERTAKER: Robt. T. Turner Inc

ADDRESS 1442 E. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09262

X100-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 09262

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... Linwood & Eutaw ST., ... WARD)

2-FULL NAME Edward Hammann

(a) RESIDENCE NO. Kenwood Av Raspberry (Usual place of abode) ST., Kenwood & Baltimore WARD ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 68 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Watchmaker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Hammann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna E Hammann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Samuel Mason (Address) 102 Kenwood Ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6 1924

17 I HEREBY CERTIFY, That I attended deceased from March 27 1924 to April 4 1924 that I last saw h[illegible] alive on April 4 1924 and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate Gland

Senile

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. A. Royster, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL April 8 1924

20 UNDERTAKER Peter Nicolaus

ADDRESS 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09263

11-008 E 09263

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Allendale Road ST., 15-5 WARD)

2-FULL NAME Catherine L. Walter

(a) RESIDENCE NO. 2202 Allendale Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A. Walter

6 DATE OF BIRTH (month, day, and year) Dec. 25 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51	2	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER George Heise

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Eva E. Schaffer

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr. Charles A. Walter
(Address) 2202 Allendale Rd

15 Filed 7-1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1926, to Mar. 6, 1926, that I last saw h[illegible] alive on Mar 6, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:
Acute Encephalitis
(Type unknown)
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Probably Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Robt J. Greene, M. D.
4-6, 1926 (Address) 1120 Eisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Apr. 9 1926

20 UNDERTAKER Henry Hoen Son — ADDRESS 1501 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09264

CERTIFICATE OF DEATH.

161-002 E 09264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. V 1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Grossman

(a) RESIDENCE NO. Hebrew Hospital St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30/26

7 AGE — Years — Months 1 Day If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md. (State or country)

PARENTS

10 NAME OF FATHER Max Grossman

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Agnes Goldstein

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Max Grossman (Address) 2027 E Pratt St

Filed 4/7 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-31, 1926, to 4-1, 1926

that I last saw h/M alive on 4-1, 1926

and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Version & Extraction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Philip Jaffee M. D.

4/7 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: 4/7 1926

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

RK

Cor.—12-9-25—A Co.—200 Bks.

09265

HEALTH DEPARTMENT—CITY OF BALTIMORE

1854 E 09265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislau Chill

(a) RESIDENCE NO. 716 S. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: XXXXXX

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) "

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) "

14 Informant (Address) S. Levinson 1127 E. Balto. St

15 Filed 1926 19

HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 4/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Fractured Skull at base. (Autopsy by Dr. Maldeis

(Probably fellon side walk)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) J. H. Price M. D.

(Coroner)

4/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery Date of Burial: 4/7 1926

20 UNDERTAKER: H. Levinson Bro ADDRESS 1127 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09266

CERTIFICATE OF DEATH.

1926 E 09266

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-5 Ward)

2-FULL NAME Amelia Doellinger

(a) RESIDENCE NO. 2116 Harford Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Doellinger

6 DATE OF BIRTH (month, day, and year) 4/4, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles Oerhl

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Amelia Oerhl

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Charles Doellinger

(Address) 2116 Harford Ave

15 Filed 4-7 1926 C. HAMPSON JONES, M. D.

By R.S.C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 4/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to inquiry death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-collision between street car & automobile. She was passenger in auto.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Inquest to be held later

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Bacon M. D.

(Coroner)

4/5/26 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 4/7 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford

Cor.—1-12-23—M&T—100 Bks.

E 09267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 09267

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 405 W. Franklin ST. 17-3 WARD)

2-FULL NAME Solomon Livendloff

(a) RESIDENCE No. 405 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Livendloff

DATE OF BIRTH (month, day, and year) Not known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER Saul Livendloff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Rebecca Livendloff
(Address): 405 W. Franklin St

Filed . 192 C. HAMPSON JONES, M. D. Registrar

R 7 - 1926 By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Probable Cardiac Disease

Contributory duration yrs. mos. ds.

CONTRIBUTORY (Secondary) duration yrs. mos. ds.

(Signed) Samuel Levin M. D.
(Coroner.)

4/6 , 1926 (Address) 832 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon | DATE OF BURIAL: 4-7-1926

20 UNDERTAKER: Jack Lewis, 1439 Pat... | ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09268

CERTIFICATE OF DEATH.

90 E 09268

REGISTERED NO.

1-PLACE OF DEATH Hebrew Incurable Home

City of BALTIMORE: (No. 2100 E. Balto. St. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pincus Ezersky

(a) RESIDENCE NO. 800 N. Carey St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Ezersky

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	100			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

10 NAME OF FATHER Soloman Ezersky

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

PARENTS

14 Informant: Jack Kevin

(Address) 1432 E Balto. St.

15 Filed 19

C. HARRISON JONES, M. D.

Registrar

Per

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

4-6-26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1923, to April 6, 1926, that I last saw h[illegible] alive on April 6, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Aortic sclerosis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) [illegible] M. D.

, 19 (Address) 1800 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

Date of Burial: 4-7- 1926

20 UNDERTAKER: Jack Keuer

ADDRESS: 1432 E Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

09269

HEALTH DEPARTMENT—CITY OF BALTIMORE

09269 E

CERTIFICATE OF DEATH.

139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Violet E. Shawe

(a) RESIDENCE NO. 3711 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mervyn Shawe

6 DATE OF BIRTH (month, day, and year) Oct 13/1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Martin L. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura V. White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Martin L Wright

(Address) 3711 Greenmount Ave

Filed R 7- 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 6/26 19

17 I HEREBY CERTIFY, That I attended deceased from Mar 31/26 . 19 . to Apr 6/26 . 19 .

that I last saw her alive on Apr 6/26 . 19 .

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Surgical Shock-Hysterectomy (Myoma)

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Apr 2/26

Was there an autopsy? Partial

What test confirmed diagnosis?

(Signed) J. S. Potter, M. D.

4/7/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richwood Cemetery

DATE OF BURIAL April 8, 1926

20 UNDERTAKER Richard F. Lindsay

ADDRESS 1624 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09270

CERTIFICATE OF DEATH.

10 1001 E 09270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earnest Dobos. (Gardenville)

(a) RESIDENCE NO. # 2 Hood Lea Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? 26 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of late Theresa Dobos

6 DATE OF BIRTH (month, day, and year) Dec 19 77

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	48	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron + Steel

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Ernest Dobos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Joseph Dobos (Address) 2 Woodlea Place

15 Filed 7 1926 19 C. HAMPSON JONES, JR. Registrar Per LLL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1926, to April 6, 1926, that I last saw him alive on April 6, 1926, and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Toxemia

Sama (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 4/9 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 09271 HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 09271

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 225 N. Montford Avenue 63

CITY OF BALTIMORE: (NO.) ST., WARD)

2-FULL NAME William Dawson

(a) RESIDENCE NO. 225 N. Montford ST., Avenue WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-24-22

7 AGE: Years 4 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Faquier Va

PARENTS

10 NAME OF FATHER Andrew Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Hailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-5-26 19

17 I HEREBY CERTIFY, That I attended deceased from 3-30-26, 19, to 4-5-26, 19,

that I last saw him alive on 4-4-26, 19,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. P. Butler, M. D.

, 19 (Address) 425 N. Caroline Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Wm Dawson 23 E Hamilton Montford

15 Filed 1926 Registrar

THOMPSON JONES, M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Faquier Va

DATE OF BURIAL April 7 1926

20 UNDERTAKER Mrs R. A. Elliott

ADDRESS 1722 Eastland

1 - 1526

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09272

CERTIFICATE OF DEATH.

1E 09272

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 So. Durham ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HOWARD M. KAPINOS,

(a) RESIDENCE NO. 204 So. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	White,	Single,

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14-1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	24 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

PARENTS

10 NAME OF FATHER Frank Kapinos,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Annie Pisz,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Frank Kapinos, (Father)

(Address) 204 So. Durham Street

Filed 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24 1926 to April 6 1926.

That I last saw him alive on April 6 1926

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Lipanek M. D.

April 6 1926 (Address) 88 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ST. STANISLAUS CEMETERY

DATE OF BURIAL Apr. 7- 1926.

20 UNDERTAKER M. J. Sadowski

ADDRESS 705 S. Ann St

R. T. [illegible] HAMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

09273

CERTIFICATE OF DEATH.

E 09273

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Athol Terrace St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha L. Cragg

(a) RESIDENCE NO. Athol Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 9 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Edw. J. Cragg

6 DATE OF BIRTH (month, day, and year): June 26 th 1889

7 AGE: Years 36 Months 9 Days 18 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: Geo. R. Wannenwetsch

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucie L. Ritter

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

PARENTS

14 Informant: Edw. J. Cragg

(Address): Athol Terrace

Filed ..... 19 ..... Registrar

7 Apr 1926

R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April 5/1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to April 5 1926

that I last saw her alive on April 4 1926

and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Descending Colon

(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted? at home

If not at place of death?

Did an operation precede death? Yes Date of August 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry J. Stat, M. D.

4/5. 1926 (Address) Ironsides

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial April 7th 1926

UNDERTAKER: F. D. Hilgenberg ADDRESS: 1852 N. Gilmor St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09274 (89)

E 09274
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1422 Gough St. 3-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Cohen

(a) RESIDENCE NO. 1422 Gough St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Cohen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Harry Cohen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Golda —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Frank Weinberg

(Address) 2540 Washington Blvd

15 Filed APR 7 - 1926 19

C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2nd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden termination

(duration) yrs. mos. ds.

(Signed) James M Revlon M. D.
(Coroner)

4-7, 1926 (Address) 7001 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Hebrew Herring Run) Date of Burial 4/7 1926

20 UNDERTAKER Sol Levinson & Bro. ADDRESS 1127 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 09275

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 09275

REGISTERED NO.

City of BALTIMORE: (No. 1409 S 6 Charles St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Thomas

(a) RESIDENCE NO. 1409 S 6 Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M. Thomas

6 DATE OF BIRTH (month, day, and year): Dec 22, 1857

7 AGE — Years: 68 Months: 3 Days: 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: John Troscup

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Davis

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Charles M. Thomas

(Address) 1409 S 6 Charles St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

4-1926 P.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1926 to April 5 1926

that I last saw h[illegible] alive on April 4 1926

and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Howard Evans M. D.

April 7 1926 (Address) 386 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial April 8, 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 386 Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09276

CERTIFICATE OF DEATH.

12 9

E 09276

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Valley St ST.: 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M. Curran

(Residence in Baltimore: No. 1320 Valley Street St.: 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ? (Month) (Day), 1 (Year)

7-AGE, about 85 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Curran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Curran

(Address) 1320 Valley St.

15- Filed APR 7 - 1926, 191 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1925, to April 6 1926, that I saw h[illegible] alive on April 5 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 15 yrs. mos. ds.

(Signed) Wm. R. Geraghty M. D.

April 6, 1926 (Address) 16 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Apr. 8, 1926

20-UNDERTAKER H. C. Wadefield — ADDRESS W. Franklin St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 315. W. 27.th St. Registered No.

City of BALTIMORE: (No. 315. W. 27.th St. St. 17-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Nora Jeane Devine.

(a) Residence No. 315 W. 27.th St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	baby

5a-If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6-DATE OF BIRTH (month, day and year) March. 30/1926.

7-AGE. 0 yrs. 0 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland.

PARENTS

10-NAME OF FATHER, Geo. Wm. Devine.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Ethel Boyer.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland.

14- (Informant) Geo. Wm. Devine. (Address) 315 W. 27.th St.

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April. 6/1926.

17- I HEREBY CERTIFY, That I attended deceased from April 5 1926 to April 6 1926, that I last saw her alive on April 5 1926, and that death occurred, on the date stated above, at 3-30 p.m.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Internal Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? From past history

(Signed) J. A. Darby M. D.

4/7/26 19 (Address) 3101 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
St. Marys. Hampden.	4/7/1926. 19
20-UNDERTAKER.	ADDRESS
J. Walter Davis.	3307 Raine. St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09278

CERTIFICATE OF DEATH.

128 E 09278

1-PLACE OF DEATH

City of BALTIMORE: (No. 933 S Kenwood ave. Ward 1-3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reinwald Hauschera

(a) RESIDENCE NO. 933 S Kenwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 28/1878

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	48		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Rauschera

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Albert Rauschera

(Address) 1220 W Fairmount

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis Nephritis
Coronary Thrombosis

Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenlon M. D.
(Coroner)

5 6. 1926 (Address) 701 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem — Date of Burial: April 8 1926

20 UNDERTAKER: Stephen F Fairgrieve — ADDRESS: 1000 S Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09279

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 09279

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3111 E ST. 14 WARD)

2-FULL NAME Dorothy Modrak

(a) RESIDENCE No. 3111 Elliott ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/12 yrs. mos. da. How long in U. S., if of foreign birth? 6/12 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4, 1925

7 AGE — Years: — Months: 7 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Alexander Modrak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Martha Kazurek

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): JOHNS HOPKINS HOSPITAL

Filed APR 7 - 1926 H. AMPEY JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1926, to April 6, 1926, that I last saw h alive on April 6, 1926, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. ? mos de.

CONTRIBUTORY (Secondary) Tuberculosis meningitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander J. Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: April 8 1926

20 UNDERTAKER: Stephen J Trialkowski — ADDRESS: 1000 S Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09280

CERTIFICATE OF DEATH.

7 E 09280

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Division ST. 14-1 WARD)

2-FULL NAME George Barringer

(a) RESIDENCE NO. St. Vincents Inf. Asy. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... gsd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Sisters of Charity (Address)

15 Filed Apr. 7 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to April 6, 1926, that last saw h[illegible] alive on April 6, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Measles —

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. R. Goldsborough M. D.

, 19 (Address) 2923 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Apr. 7 1926

20 UNDERTAKER M. Dakey & Sons — ADDRESS 1827 North

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09281

CERTIFICATE OF DEATH.

76-8 100-001

E 09281
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 S. Clinton ST., 76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Nolan.

(a) RESIDENCE NO. 1345 S. Clinton St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Nolan

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Sauter

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Helen Nolan
(Address) 1345 S. Clinton St

15 Filed R7 1926 19 C. HAMPSON JONES, M.D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to April 5, 1926, that I last saw ~~him~~ alive on April 5, 1926, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Primary Broncho Pneumonia
(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis ~~Gradual~~
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tichnor, M. D.

4/7, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL April 7th 1926

20 UNDERTAKER Lilly and Zeller ADDRESS 4035 W. Lafayette

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09282

CERTIFICATE OF DEATH.

REGISTERED NO. E 09282

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 09282
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Fait Ave ST., 76 WARD)

2-FULL NAME George B. Zeberlein

(a) RESIDENCE NO. 3800 Fait Ave ST., 76 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Zeberlein

6 DATE OF BIRTH (month, day, and year) March 3-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Zeberlein

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Bruton

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Anna M. Zeberlein
(Address) 3800 Fait ave.

15 Filed ..... 19.. Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Month 17, 1926, to April 4, 1926, that I last saw h alive on April 4, 1926, and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation 3 minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Gastritis

(duration) — yrs. 6 mos. —

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lavage of Stomach

(Signed) A. A. Bendrick M. D.

April 5 1926 (Address) 2221 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL April 8 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. W ollw St

Spec.—1-12-23—M&T—500 Blks.

09283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 09283

1-PLACE OF DEATH Bon Secours Hospital ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME Miss Bessie Foley

(a) RESIDENCE NO. 3107 N. Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 27th 1859

7 AGE: Years 67 | Months 0 | Days 10 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Mathues J. Foley

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Rupple

13 BIRTHPLACE OF MOTHER (city or town) Phila Pa (State or country)

14 Informant Julia M. Foley (Address) Brenton Gdns Park Ave

15 Filed 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25 1926 to April 6 1926

that I last saw her alive on April 6 1926

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon (Hepatic Metas
(Acute intestinal obstruction)

(duration) ? yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Mar. 25, 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lyford, M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: April 8 1926

UNDERTAKER: Henry Jenkins & Sons Co

ADDRESS: Cathedral & Mulberry

Sp[illegible] 09284 [illegible] Co.—1000 Bks.

E 09284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Mc Donogh ST. 7-1 WARD)

2-FULL NAME Pinkey E. Lewis

(a) RESIDENCE. NO. 816 Mc Donogh ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Severn Lewis

6 DATE OF BIRTH (month, day, and year) Do not Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Yorktown Virginia

PARENTS

10 NAME OF FATHER Caesar Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Do not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Roselle Johnson daughter
(Address) 816 Mc Donogh St

15 Filed ....., '19 ..... Registrar

HAMSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to April 4, 1926, that I last saw her alive on April 3, 1926, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. C. Sandjack, M. D.

(Address) 1242 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Yorktown Va	April 7

20 UNDERTAKER R. L. Grose ADDRESS 1405 McElder

Spec.—1-10-21—M&T—1500 Blks.

E 09285 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH. 100 E 09285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Gwynns Falls Park ST.; 25 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Plimpton

(a) RESIDENCE NO. 3416 Gwynns Falls Park ST. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 20 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 yrs	5 mos	17/18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Canandaigua
(State or country) N. Y.

PARENTS

10 NAME OF FATHER B A. Plimpton

11 BIRTHPLACE OF FATHER (city or town) Mumford
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Glean Ladd Victor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. Y.

14 Informant Mr B. A. Plimpton
(Address) 3416 Gwynns Falls Park way

15 Filed APR 7 1926, 19.. COMPTON JONES, Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 7, 1926,

that I last saw h[illegible] alive on April 6, 1926,

and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia (over)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S. Willett, M. D.

4/7/26 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victor, N. Y.

DATE OF BURIAL April 7 1926

20 UNDERTAKER Jos JOERPENS + SON

ADDRESS 275 S. Paca st.

A. B.—WRITE... mation sh... CAUSE O... TION is ...

Spec.—1 10-21—M&T—1500 Bks.

09286

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09286

CERTIFICATE OF DEATH.

21-3 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 Ramsey ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ostarity

(a) RESIDENCE NO. 771 Ramsey ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Ostovitz.

6 DATE OF BIRTH (month, day, and year) Aug. 16. 1863

7 AGE	Years	Months	Days 20	If LESS than 1 day, hrs. or ..... min.
	62	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Hungary.

PARENTS

10 NAME OF FATHER Martin Italian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary.

12 MAIDEN NAME OF MOTHER Mary Estarity

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Paul Estarity. (Address) 771 Ramsey St.

15 4-1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from 4. 5. 26, 19 . to 4. 6. 26, 19 ,

that I last saw h-e alive on 4. 5. 26, 19 ,

and that death occurred, on the date stated above, at 7. 50 A m.

The CAUSE OF DEATH*-was as follows:

Endocarditis. (over)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Philip B. Fowler, M. D.

4.6.26, 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery. DATE OF BURIAL Apr 8 - 1926

20 UNDERTAKER Louis J. Cowan & Son ADDRESS 901 Hollins St.

For Joseph J. Cowan

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 09287

CERTIFICATE OF DEATH.

E 09287

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 N Bethel St. (ST.) 6-1 (WARD)

2-FULL NAME Annie Dennis

(a) RESIDENCE NO. 511 Bethel St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Dennis

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbot Md

PARENTS

10 NAME OF FATHER: Wilson Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Maraitta Mayo

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Estella Young Jr

(Address)

15 Filed 8 N Bethel St. Dr. C. HARRISON JONES, Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2nd, 1926, to April 4th, 1926, that I last saw her alive on, 1926, and that death occurred, on the date stated above, at 6-35 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Hennis, M. D.

19 (Address) 30 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

DATE OF BURIAL: April 7 19 26

20 UNDERTAKER: Milton Davis

ADDRESS: 916 N Edw St

Spec.—1-10-21—M&T—1500 Bks.

904 E 09288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09288

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 13-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Hoffman

(a) RESIDENCE NO. 848 N. 33rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 7 1928

7 AGE Years ..... Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Gilman Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Jane Wyles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 31st, 1926, to April 6th, 1926, that I last saw him alive on April 6th, 1926, and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(duration) yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Thos. McCrumb M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Apl 8 1926

20 UNDERTAKER: Chenoweth Son — ADDRESS: 861 Cheatnut ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09289 E 09289

09289

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 728 W. Lexington St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Locates

(a) Residence No. 728 W. Lexington St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/4 hrs. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 7, 1926

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 1/4 hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS.

10-NAME OF FATHER Arthur Wright Locates

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Del.

12-MAIDEN NAME OF MOTHER Elizabeth Irene Fletcher

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) W. Va.

11- (Informant) Elizabeth Locates
(Address) 728 W. Lexington St.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.
Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 7 1926 to Apr 7 1926.
That I last saw h/ M alive on Apr 7 1926.
and that death occurred, on the date stated above, at 6 45 A Oc.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.
Apr 7 1926 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Marys Hum[illegible] DATE OF BURIAL. Apr 7, 1926

20-UNDERTAKER. Chenowith & Son ADDRESS 3617 Chestnut Ave

Spec.—1-10 21 M&T 1500 Blks.

E 09290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09290

CERTIFICATE OF DEATH.

× 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Krieg

(a) RESIDENCE NO. Bayside, Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death mos. 4 ds. How long in U. S., if of foreign birth yrs. mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ×

6 DATE OF BIRTH (month, day, and year) Feb. 17 - 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	12	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER - Arthur Krieg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Cora Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Mrs Cora Krieg Bayside Maryland

15 - 1926 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 - 1926

17

I HEREBY CERTIFY, That I attended deceased from April 2 - 1926 to April 6 - 1926.

that I last saw her alive on April 6 - 1926.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

~~Abscess~~ Endocarditis a

Cardiac decompensation

Chronic appendicitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Bayside Maryland

Did an operation precede death? appendectomy Date of 4/3/26.

Was there an autopsy? No

What test confirmed diagnosis? - Physical Exam + operation

(Signed) J. Eagle Warfield Jr. M. D.

. 19 (Address) Univ. Hospital - City -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL April 1926

20 UNDERTAKER William Col & Co E Madison

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09291 E 09291

09291

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Warner St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thomas

(a) Residence No. 608 Warner St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced (or) WIFE of Frances Thomas

6-DATE OF BIRTH (month, day and year) Aug 12/1854

7-AGE. 41 yrs. 7 mos. 23 ds.

If LESS than 1 day.... hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tutor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Joe Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER, Martha Parker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Calvert County Md

14- (Informant) Andrew Thomas

(Address) 608 Warner St

15- Filed 1926, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 6/26

17- I HEREBY CERTIFY, That I attended deceased from 3-23 1926, to 4-5 1926,

that I last saw h alive on April 5 1926,

and that death occurred, on the date stated above, at 7:55 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis Chronic Nephritis

(Duration) 2yrs mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Crooke, M. D.

, 19 (Address) 655 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, REMOVAL, Calvert Chapel DATE OF BURIAL, April 7 1926

20-UNDERTAKER, H. J. Keech ADDRESS Calvert County

Spec.—1-10-21—M&T—1500 Bks.

1926 B 15 09292

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001 Ded

X 154 E 09292

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Edward Green

(a) RESIDENCE NO. 19. F-L. Ox 72 · Annapolis WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos 12 ds. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 1905

7 AGE: Years ..... Months 4 mos. Days ..... If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Charles Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lanetta Stephens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Reuscs
(Address) JOHNS HOPKINS HOSPITAL

15 7 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25 1926 to April 7 1926

that I last saw him alive on April 7 1926

and that death occurred, on the date stated above, at 1 15 P. M.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos. W. Comvall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL 4/7/26

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Busy

(Edward A. Sumner)

pec.—1-12-23—M&T—500 Bks.

09293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09293

CERTIFICATE OF DEATH

176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (WARD) 9-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Sumner (SUMNER)

(a) RESIDENCE NO. 1722 Lakeside ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Barringer

DATE OF BIRTH (month, day, and year) — — 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Millwork

(b) General nature of industry, business, or establishment in which employed (or employer) Bookdoors, Private

(c) Name of employer [illegible]

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Sumner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Emily ?

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Maryland

14 Informant (Address) Mrs. Edward A. Sumner 1722 Lakeside Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926. to April 7, 1926.

that I last saw her alive on April 7, 1926.

and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

(duration) hrs.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. months days

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of April 7th, 1926.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.

April 7, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 4/10 1926

20 UNDERTAKER John F. Foley & Sons

ADDRESS 1318 Eighth Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 09294

REGISTERED NO.

E 09294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 Cathedral ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Bower

(a) RESIDENCE NO. 518 Cathedral ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed.

5a If married, widowed, or divorced (or) WIFE of Lewis M. Bower

6 DATE OF BIRTH (month, day and year) Feb. 19. 1838.

7 AGE Years 88 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Isaac Coriell

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Hannah Maria Van Fleet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Mrs. Jennie E. Hardy

(Address) 518 Cathedral St

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 7 1926 to April 6 1926.

that I last saw him alive on April 6 1926,

and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast with Metastasis to Spinal Cord.

Carcinoma of breast over 8 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No-

What test confirmed diagnosis? Cancer in Breast

(Signed) Wm. Fitzhugh Forster M. D.

19 April 7. 1926. 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL April 8 1926

20 UNDERTAKER A. Jenkins & Co. ADDRESS Orchard & Edmondson

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09295

CERTIFICATE OF DEATH.

90 E 09295

1-PLACE OF DEATH

City of BALTIMORE: (No.) 816 N. Frankstd St. Ward 3

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Augustus

(a) RESIDENCE NO. 816 N. Frankstd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 4-1896

7 AGE — Years: 30 — Months: 3 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Chas Augustus

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Taylor

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Louis Augustus

(Address) 816 Frankstd St

15 FILED [illegible] 1926 G. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Duration yrs. 1 mos. 3 da.

CONTRIBUTORY (Secondary)

Duration yrs. mos. da.

(Signed) C. C. Wade M. D.

(Coroner)

Apr 7 26 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

Date of Burial 4/8 1926

20 UNDERTAKER: Samuel E. Hawley

ADDRESS 578 N. Bethel

E 09296

HEALTH DEPARTMENT—CITY OF BALTIMORE

170

E 09296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE (No. 2719 Guilford Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis N. Ruegemer

(Residence in Baltimore: No. 2719 Guilford Ave. St.; 36 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Nov. (Month) 15 (Day) 1879 (Year)

7-AGE: 46 yrs. 4 mos. 22 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cost Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer): Union Cretf Co Reporting

9-BIRTHPLACE, (State or Country): Germany

PARENTS

10-NAME OF FATHER: John A. Ruegemer

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: McKnown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma P. Ruegemer

(Address) 2719 Guilford Ave.

15. APR 8 - 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Gun Shot wound through
Head Suicidal

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Wm. Hagner M. D. (Coroner)

4-6 1926 (Address) 1522 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. — DATE OF BURIAL: Apr. 8 1926

20-UNDERTAKER: Wm Tucker Sons — ADDRESS: North & Pa

Spec.—8-24-14—M. & T.—2000 Bks.

E 09297 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09297

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 544 W Barre Ward 22-1) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Addison Hale

(Residence in Baltimore: No. 544 W Barre St.: yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Nov. 3, 1915 (Month) (Day) (Year)

7-AGE, 4 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country), 542 W. Baltimore Md

PARENTS.

10-NAME OF FATHER, Fredrick Hale

11-BIRTHPLACE OF FATHER (State or Country), Bedford Co

12-MAIDEN NAME OF MOTHER Katie Incquay

13-BIRTHPLACE OF MOTHER (State or Country), Amiss Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father Fred Hale

(Address) 544 W. Barre St.

15-

Filed APR 8 - 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1926, to April 7 1926, that I saw him alive on April 6 1926, and that death occurred, on the date stated above, at 1:50 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) 2 yrs. mos. ds.

(Signed) John A. Gladowsky M.D.

4/8/26, 192.. (Address) 1 E Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 544 W Barre St

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cemetery DATE OF BURIAL, April 8 1926

20-UNDERTAKER Wm Geo Hoffman ADDRESS 40 E Conway St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09298

11-001

CERTIFICATE OF DEATH.

E 09298
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 632 W Barre St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Mitchell

(a) RESIDENCE NO. 632 W Barrl St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Teal

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3-22-1904

7 AGE: Years 21 Months Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer): Cork Barrels

(c) Name of employer: C. J. Eccles

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Alfred Mitchell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Agnes Riddick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Gustava Nelson

(Address): 2627 Ellamont

15 Filed 1926 Registrar

CORONER'S CERTIFICATE OF DEATH 10.3 Pm

16 DATE OF DEATH (month, day, and year) 1926: 4-6-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Probable Influenza

(duration) yrs. mos. 8 ds.

(Signed) Daniel L Lichty M. D. (Coroner)

1926 (Address) 32 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Portsmouth. Va Date of Burial 4-8 1926

20 UNDERTAKER: John H Soadow ADDRESS 1027 Druid Hill

PRO - 1926 HAROLD JONES M. D.

Spec.—1-10-21—M&T—1500 Blks. Rosa Emma Norton 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09299 E 09299

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 202 Lyman ave ST. 12-2 WARD)

2-FULL NAME Rosa Emma Norton

(a) RESIDENCE NO. 202 Lyman ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Voight

(Address) 202 Lyman Ave

15 Filed APR 8 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st 1925 to April 6 1926

that I last saw her alive on April 6th 1926

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Left side) due to Cerebral Hemorrhage

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Endocarditis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? V

(Signed) Jefferies Buck M. D.

3/8 1926 (Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 9 1926
20 UNDERTAKER George J Smith	ADDRESS 163 Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09300

CERTIFICATE OF DEATH.

38 E 09300

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1333 W Lafayette (St.) 16-7 (Ward)

2-FULL NAME Larry Bennett

(a) RESIDENCE NO. 1333 W. Lafayette ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilla Bennett

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36 37	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Lilla Bennett

(Address) 1333 W Lafayette ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2 1926 to April 5 1926.

that I last saw him alive on April 5 1926.

and that death occurred, on the date stated above, at 1630 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher M. D.

4/7. 1926 (Address) 16 x 5 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cemetery

DATE OF BURIAL April 8, 1926

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 32 N. Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

E 09301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09301
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 907 Arlington Ave St. 27-9 Ward)

2-FULL NAME Gladys Louise Johnson

(a) RESIDENCE NO. 907 Arlington Ave (Govans) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) march. 22. 1925.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	One 1 yrs.		15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Albert, Wheeler,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. md,

12 MAIDEN NAME OF MOTHER Alice, Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md,

14 Informant Alice Johnson

(Address) 907 Arlington ave

15 Filed 1926 G. HAMPSON JONES, M.D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ds.

(Signed) J. H. Collins, M. D. (Coroner)

4/7/26 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lion Zion Grave Date of Burial April 8 1926

20 UNDERTAKER Joseph A Sivley ADDRESS 701 Hunter ave

Spec.—1-10-21—M&T—1500 Bks.

E 09302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09302

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital WARD)

2-FULL NAME Gustave Hartmann

(a) RESIDENCE NO. 96 Commerce ST., Hartford, Conn. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country)

PARENTS

10 NAME OF FATHER Adolph Hartmann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Hayes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York

14 Informant Hospital Records.
(Address) Union Memorial Hosp. Baltimore

15 Filed R8 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1926, to April 7, 1926, that I last saw him alive on April 7, 1926, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Obstruction following adhesions operation for gastric ulcer

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 5, 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hartford, Conn.

DATE OF BURIAL 4/8/ 1926

20 UNDERTAKER Aaid Sonnheim

ADDRESS 1830 W. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09303

CERTIFICATE OF DEATH. 26-8

E 09303

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2922 Ellwott St. Ward)

2-FULL NAME William Oliver Long

(a) RESIDENCE NO. 2922 Ellwott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/19/1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Leonard Long

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Virginia R. Stokes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Leonard Long

(Address) 2922 Ellwott St

15 [illegible] 1926 C. HAMPSON JONES, M. D.

By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

April 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16th, 1926, to April 6th, 1926, that I last saw him alive on April 5th, 1926, and that death occurred, on the date stated above, at 3.00 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. ....mos. 2.1 ds.

CONTRIBUTORY (Secondary) Measles

(duration) ....yrs. ....mos. 7 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

4/6, 1926 (Address) 1011 E. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial April 8 1926

20 UNDERTAKER Wendell Diffendon — ADDRESS 3788 [illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09304

CERTIFICATE OF DEATH.

E 09304

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1419 N. Fremont av (St.) 14-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel W. Crawford.

(a) RESIDENCE. No. 1419 N. Fremont Av St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Crawford Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Acid Plant

(c) Name of employer Mutual Chemical Co Ellicott city

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Crawford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carrie Crawford
(Address) 1419 N. Fremont av

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4—5—1926

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1926, to April 5—, 1926, that I last saw him alive on April 5—, 1926, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Marcellus E. Jones, M. D.

, 19 (Address) 1475 N Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	April 8 1926
20 UNDERTAKER	ADDRESS
John H Owens	6-34 Dolphin st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09305
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

46-5

E 09305
REGISTERED NO.

City of BALTIMORE: (No. 3376 Fleet St. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Vogel.

(a) RESIDENCE NO. 3376 Fleet St. St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 12- 1925

7 AGE — Years: — Months: 9 — Days: 25 76 — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child 000
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Balto.
(State or country): Hilltown Md.

PARENTS

10 NAME OF FATHER: William Vogel.

11 BIRTHPLACE OF FATHER (city or town): Balto.
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Helen Scheben

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Germany

14 Informant: Helen Vogel.
(Address): 3376 Fleet St.

15 Filed ... (G. HAMILTON JONES, M. D.) Registrar
Apr 8 - 1926 By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7- 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23 1926, to April 7, 1926, that I last saw h Sr alive on April 7, 1926, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Septic

(duration) ... yrs. ... mos. N ds.

CONTRIBUTORY (Secondary): Measles

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. H. Bergman, M. D.

1926 (Address) 3307 Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial: April 8 19 26

20 UNDERTAKER: Lilly and Fisher ADDRESS: 403 S Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09306

CERTIFICATE OF DEATH.

31 E 09306

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 13-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Bondroff

(a) RESIDENCE NO. 2517 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis Goldroff

6 DATE OF BIRTH (month, day, and year) Nov 27/1865

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Max Mendor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant S. Levinson & Bros

(Address) 1127 E. Balto. St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Powell, M. D.

(Coroner)

4/8/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd Date of Burial 4/8 1926

20 UNDERTAKER Sol Levinson & Bro ADDRESS 1127 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09307 — 129 E 09307

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3901 Old York Rd (St.) 42-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie M Logsdon

(a) RESIDENCE No. 3901 Old York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M Logsdon

6 DATE OF BIRTH (month, day, and year): Feb 28 1879

7 AGE — Years: 47 — Months: 1 — Days: 12 — If LESS than 1 day, hrs. or min.: 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Charles M Logsdon 3901 Old York Rd

15 Filed APR 8 1926 19 — C. HAMPSON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1926

17 I HEREBY CERTIFY, That I attended deceased from January 20th, 1924, to April 6th, 1926, that I last saw her alive on April 6th, 1926, and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic Parenchymatous Nephritis

(duration) 1 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo W Mumford M. D.

4/7 1926 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel — DATE OF BURIAL: Apr 9 1926

20 UNDERTAKER: W. Cook — ADDRESS: 502 E Northern

Spec.—1-10-21—M&T—1500 Blks.

1100 W. Lafayette.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09308

CERTIFICATE OF DEATH.

31

E 09308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2537 Frances St. (Ward) 13-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Martin Rice

(a) RESIDENCE NO. 2537 Frances ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 3 1887

7 AGE: Years 38 Months 7 Days 6 If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar maker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Francis M. Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Blanche Rice (Address) 25-37 Frances St.

15 Filed R 8 - 1926 H. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 7th, 1926, to April 6th, 1926, that I last saw h[illegible] alive on April 5th, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

This man had T. B. of the lungs several yrs ago. was at Sanatarium upstate, very much - then taken with Pneumonia the middle of Feby, very ill, developed Tuberculosis, gradually grew weaker until he died.

(Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? None Date of —

Was there an autopsy? no

What test confirmed diagnosis? none -

(Signed) Chas. H. Burbank, M. D.

April 7, 1926 (Address) 1100 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn April 9 1926

DATE OF BURIAL

20 UNDERTAKER: J. M. Cook & Sons

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09309 E 09309

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Linwood Ave ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Harris Shuett

(a) RESIDENCE No. 2926 Linwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced. HUSBAND of (or) WIFE of: David Shuett

6 DATE OF BIRTH (month, day, and year): 8 | 24 | 1833

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	13 17	

8 OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work: old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Ann Diane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Mary Taylor

(Address): Hendersonville Md

15 Filed 19 Per Registrar

C. HAMPSON JONES, M. D.

R8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 31 1926 to April 7 1926, that I last saw h[illegible] alive on April 6 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

4-7, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 4/9 1926

20 UNDERTAKER: George J. Ruth

ADDRESS: 1135 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

E 09310

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 09310

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Ferrara

(a) RESIDENCE No. 2707 Belair Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ferrara

7 DATE OF BIRTH (month, day, and year) 7-25-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tunice, Africa

PARENTS

10 NAME OF FATHER Joseph Pusateri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Parish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tunice, Africa

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed 4-8-1926. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 24, 19 26, to April 6, 19 26,

that I last saw her alive on April 6, 19 26

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia,
Cardiac Exhaustion.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis Manic Phase.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Goldwater M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 4/10 1926

20 UNDERTAKER George F. Ruth

ADDRESS 1735 Hanford

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09311 E 09311

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 E Barney ST., 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Lesser

(a) RESIDENCE NO. 36 E Barney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 6 1856

7 AGE: Years 69 Months 4 Days 29 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Lesser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Rose Lesser

(Address) 36 E Barney St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1926, to Apr 4, 1926,

that I last saw her alive on Apr 4, 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) 1 yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Senile Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. T. Williams M. D.

(Address) 36 E Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 4/9 1926

20 UNDERTAKER: E. J Fanning

ADDRESS: 1460 Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09312 E 09312

CERTIFICATE OF DEATH.

REGISTERED NO. 28-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 Brookwood Rd (ST.) (WARD) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Saumenig

(a) RESIDENCE NO. 703 Brookwood Road (ST.) Huntmig Ridge (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry W Saumenig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah C Saumenig (Cousin)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Howard Saumenig 703 Brookwood Road.

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 9, 1925, to Apr 7, 1926, that I last saw her alive on April 6, 1926, and that death occurred, on the date stated above, at 11 45 a m.

The CAUSE OF DEATH* was as follows:

Sarcoma Lung

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Phys Signs

(Signed) C Antantuck, M. D.

Apr 9, 1926 (Address) 317 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Apr 9 1926

20 UNDERTAKER Wm J Tickner & Son

ADDRESS Walbrook

Spec.—1-10-21 M&T 1500 Blks.

09313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09313

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 1216 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernie Taylor

(a) RESIDENCE No. 10 W Lafayette ave. ST., WARD

(Usual place of abode) C

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Hendrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to April 6, 1926, that I last saw him alive on April 6, 1926, and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. McPhail M. D.

4-6-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phillips Va DATE OF BURIAL April 8 1926

20 UNDERTAKER William G. Schaffer ADDRESS 1816 Monument

Spec.—1-10-21—M&T—1500 Blks.

E 09314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09314

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Inf. Asy ST. 14-1 WARD)

2-FULL NAME James Watts

(a) RESIDENCE NO. 1401 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ~~11 1923, 4~~

7 AGE	Years	Months	Days	11 LESS than 1 day, ... hrs. or min.
	2	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Greensboro, N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Sisters of Charity (Address)

15 Filed 1926 C. HAMPSON JONES, M. D., Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to April 6, 1926, that I last saw h[illegible] alive on April 6, 1926, and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:

Measles -

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas R. Goedvogel Jr., M. D.

, 19 (Address) 2925 - St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Apr. 7 1926
20 UNDERTAKER	ADDRESS
M. Dakey & Sons	1827 North St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 09315

E 09315

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3128 Cedar Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard H. Gorsuch

(a) RESIDENCE NO. 3128 Cedar Ave. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Martha J. Gorsuch

6 DATE OF BIRTH (month, day, and year): Dec. 25-1861

7 AGE: Years 64 | Months 3 | Days 12 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Section Hand

(b) General nature of industry, business, or establishment in which employed (or employer): Mt. Vernon Woolberry Mills

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER: George W. Gorsuch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Mary Gosnell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant (Address): Mrs. Martha J. Gorsuch 3128 Cedar Ave.

15 Filed _____ 19___ By _____ Registrar

C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7- 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5th 1926 to April 7th 1926, that I last saw h.. alive on April 6th 1926, and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows: Bronchio-Pneumonia

(duration) ___ yrs. ___ mos. 1½ ds.

CONTRIBUTORY (Secondary) Fatty Infiltration of Heart

(duration) 10 yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) H. G. Liebold, M. D.

, 19 (Address) 1101 Union Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Pleasant-Mechanicsville (Carroll Co.) Date of Burial April 9-1926

20 UNDERTAKER: Horace H. Burgee ADDRESS: 3631 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 09316 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09316

CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Mt. Lan. Ave. St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs James H. Moore.

(a) RESIDENCE NO. 1512 N. Patterson Park Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. Johnson ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced (Theresa M.)
HUSBAND of (or) WIFE of Mrs James H. Moore.

6 DATE OF BIRTH (month, day, and year) Oct 3, 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 004

(b) General nature of industry, business, or establishment in which employed (or employer) Pa. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Edmund B. Moore.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Eliza Hallman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs James H. Moore (Address) 1512 N. Patterson Park Ave

15 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6-1926

17 I HEREBY CERTIFY, That I attended deceased from 4-2-, 1926, to 4-6-, 1926, that I last saw h[illegible] alive on 4-6-, 1926, and that death occurred, on the date stated above, at 7 35 8. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix.

C Hampson Jones

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2(?) ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? yes Date of 4-2-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Pathological

(Signed) Jno. C. Hampson Jones, M. D.

, 19 (Address) 1411 Mt Lan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	April 10 1926.
20 UNDERTAKER	ADDRESS
Horace H. Burgee	3631 Follsd

Spec.—1-10-21—M&T—1500 Bks.

E 09317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09317

CERTIFICATE OF DEATH.

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Inf. Asy 14-1 WARD)

2-FULL NAME Edith Lippett.

(a) RESIDENCE NO. 1401 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1921.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Asst Sis of Charity
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to April 8, 1926
that I last saw her alive on April 8, 1926
and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas R. Goldsborough M. D.

19 (Address) 2927 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mem. Cathedral — DATE OF BURIAL Apr 9 1926

20 UNDERTAKER Martin Fahey & Sons — ADDRESS 1827 N. North

Spec.—1-10-21—M&T—1500 Blks.

E 09318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 66 List Ave ST. 27-12 WARD) 44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Lenegood

(a) RESIDENCE No. 66 List Ave ST., ... WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: husband of Mary Lenegood.

6 DATE OF BIRTH (month, day, and year): Nov 19th 1861

7 AGE — Years: 74 — Months: 4 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Liberty Pa

PARENTS

10 NAME OF FATHER: Hubbard Lenegood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Liberty Pa

12 MAIDEN NAME OF MOTHER: Eve Brion

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Liberty Pa.

14 Informant: Mrs Mary Lenegood (Wife)

(Address): 66 Litt Ave

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15th 1926 to April 7th 1926.

that I last saw him alive on April 7th 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cervical Carcinoma

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) L. L. Leady M. D.

4-7, 1926 (Address) 4218 Ronford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Williamsport Pa. DATE OF BURIAL: April 9 1926

20 UNDERTAKER: Lilly and Zeller ADDRESS: 103 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09319 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 21-2 Registered No. 129

City of BALTIMORE: (No. 1106 Carroll St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline L M Maugod

(a) Residence No. 1106 Carroll St., 21 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-MARRIED, WIDOWED, OR DIVORCED (Write which) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Paul Maugod

6-DATE OF BIRTH (month, day and year) May 7-1857

7-AGE 68 yrs. 11 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Albert Ecke

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Miss Kruschke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-INFORMANT Adelaide Maugod

(Address) 1106 Carroll

15-BURIAL PERMIT 1926 Issued 192 Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 6-26

I HEREBY CERTIFY, That I attended deceased from Mar 29 26 to Apr 6 26

That I last saw h[illegible] alive on Apr 6 26 9:30 P.M.

and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Pul oedema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Jno F Schwarmstedt M.D.

Apr. 7 1926 (Address) 11 Newburn St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Apr. 9" 26

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09320

CERTIFICATE OF DEATH.

38 E 09320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Leslie ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis T. Gross.

(a) RESIDENCE NO. 1533 Leslie ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 15, 1874

7 AGE — Years: 51 — Months: 7 — Days: 21 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md.

PARENTS

10 NAME OF FATHER: Lewis Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER: Barbary Ennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md.

14 Informant: Viola Banks

(Address) 1533 Leslie St.

15 Filed 1926 (Signed) C. HAMPSON JONES, M. D. Registrar

Per ... F. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/14, 1925, to 4/6, 1926.

that I last saw h alive on 4/2, 1926.

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Chr. enteritis

Acute ~~[illegible]~~

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

4/7, 1926 (Address) 2132 Oliver

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery

DATE OF BURIAL: April 9 1926

20 UNDERTAKER: Mrs Geo H. Dennis Asst T. E Nelson

ADDRESS: 1303 Preastman St

Spec.—1-10-21—M&T—1500 Blks.

E 09321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09321

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1839 A. Caroline ST., 8 1/2 WARD)

2-FULL NAME Arthur Vernon Blake

(a) RESIDENCE NO. 1839 A. Caroline ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Connelly Blake

6 DATE OF BIRTH (month, day, and year): Aug 10, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Sterling Prod. Co. Cleveland & Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: James W. Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. City

12 MAIDEN NAME OF MOTHER: Annie E. Mullin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant: Mrs. Blake
(Address) 1839 A. Caroline

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1926, to Apr. 6, 1926, that I last saw him alive on Apr. 6, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 4 yrs.? mos ds.

CONTRIBUTORY (Secondary): Pulmonary tuberculosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Lyman V. Abbott, M. D.

, 19 (Address) 1832 A. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: April 9 1926

20 UNDERTAKER: John A Moran. — ADDRESS: 3000 E. B. St

Spec.—1-10-21—M&T—1500 Bks.

E 09322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 32 E 09322

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Dr Horace J Howk.

(a) RESIDENCE NO. Int. Mc Gregor, N.Y. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lois Hollister Howk

6 DATE OF BIRTH (month, day, and year) Aug 20, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	47	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ontario, N.Y.

PARENTS

10 NAME OF FATHER John C Howk

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Catherine Wintcome

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant JOHNS HOPKINS HOSPITAL
(Address)

15 Filed 1926 C. HAMPSON JONES, M. D.
Registrar
Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/5, 1926, to 4/8, 1926,

that I last saw him alive on 4/8, 1926,

and that death occurred, on the date stated above, at 7:50 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. ..... mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) E. J. Wald, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York

DATE OF BURIAL April 9 1926

20 UNDERTAKER Henry W Jenkins & Sons Co

ADDRESS Orchard & McCulloh Sts

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09323

CERTIFICATE OF DEATH.

18 E 09323

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No.) Pier No.4 Pratt St. (ST.) 4-3 (WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO. Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Do not know.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	---	---	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Do not know.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Police Report.
(Address) Central District.

Filed 4-12-1926 HAMILTON JONES, M. D. Registrar
For RK.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found floating April 4, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Drowning,
probably accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Sign) Otto M. Reinhardt, M. D. (Coroner.)

April 8, 192 6 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

Spec. 17-31 A Co.—100 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09324

CERTIFICATE OF DEATH.

129 E 09324

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 Robert St. 14-1 Ward)

2-FULL NAME Rebecca Redcross

(a) RESIDENCE NO. 511 Robert St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Redcross

6 DATE OF BIRTH (month, day, and year): Unknown 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James Young

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Unknown

14 Informant: Wm H. Carpenter

(Address): 511 Robert St

15 Filed_____, 19____ C. HAMPSON JONES, M. D. Registrar

APR 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925, to April 6, 1926

that I last saw her alive on April 5, 1926

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) H. S. McCard M. D.

4/8, 1926 (Address) 3005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 4-9 1926

20 UNDERTAKER: John H. Toadvine — ADDRESS 1027 Druid Hill

Spec. 6-9-19 M. P. [illegible]

E 09325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09325

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1912 W Lexington ST. 70-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Todd.

(a) RESIDENCE. No 1912 W Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Todd

6 DATE OF BIRTH (month, day, and year): May 28-1854

7 AGE: 71 Years 10 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Owner (Address): 1912 W Lexington

15 Filed . 19 . C. HAMPSON JONES, M. D. Registrar

R 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Apr. 7, 1926, that I last saw h-- alive on Apr. 6, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cancer noma of bladder

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Bond, M. D.

. 19 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Hanford

DATE OF BURIAL: April 10 19 26

20 UNDERTAKER: John J Fields

ADDRESS: 1200 W Lexington

Spec.—12-9-25—A Co.—200 Bks.

E 09326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 09326

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 W Hamburg St., 23rd Ward)

2-FULL NAME Gertrude Robinson

(a) RESIDENCE NO. 207 W Hamburg Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced.. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: John H. Robinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Alenta Bunn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mary C. Bunn

(Address): 207 W Hamburg St

APR 9 - 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to April 6, 1926

that I last saw her alive on April 6, 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. Parenchym. Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H. S. McCard, M. D.

4/8, 1926 (Address) 2005 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 4-10 1926

20 UNDERTAKER: John H. Trader — ADDRESS 1027 Lemmon Street

Spec.—12-9-25—A Co.—200 Bks.

E 09327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 09327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2524 Madison ave St. 13-5 Ward)

2-FULL NAME Emma Parelhoff

(a) RESIDENCE NO. 2524 Madison ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Parelhoff

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of indnstry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Samuel Parelhoff

(Address) 2524 Madison ave

15 Filed ..... 19 THOMPSON JONES, M. D. Registrar

9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 19 26

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to April 8, 1926, that I last saw h.. alive on April 8, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

Coronary artery disease

Acquired attack (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris Coronary artery obstruction (duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms + Signs

(Signed) Franklin Riecke, M. D.

IV. 8. 1926 (Address) Franklin Riecke

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — Date of Burial 4/9 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Baltimore

FK

Cor.—1-12-23—M&T—100 Bks.

E 09328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09328

CERTIFICATE OF DEATH. 188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp St., 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Levis

(a) RESIDENCE No. 2616 Loyola South Way WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Levis

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Jacob Bendett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jacob Levis
(Address) 2616 Loyola South Way

Filed Apr 9 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident
Fracture of Skull.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) G. Yates M. D.
(Coroner)

4/8 1926 (Address) 1423 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mehren Rosedale	4/9 1926
20 UNDERTAKER Jack Levis	ADDRESS 1439 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 09329 HEALTH DEPARTMENT—CITY OF BALTIMORE 10 E 09329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1025 S Paca. (ST.) (WARD) 21-3

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Viola Roles.

(a) RESIDENCE NO. 1025 S Paca ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Dec 1922

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Roles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Henry Roles
(Address) 1025 S. Paca St

15 Filed 4-9, 1926. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/7/26 to 4/8/26, 19..

that I last saw h alive on 4/8/26, 19.. and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia Left Thorax

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hubert Dunn, M. D.

, 19 (Address) 1207 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 4-9, 1926

20 UNDERTAKER James. Dignan & Son

ADDRESS 1000 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

Dietel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09330 1001 E 09330

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1653 Clifton Ave ST., 8-1 WARD)

2-FULL NAME Elizabeth A. Dietel

(a) RESIDENCE No. 1653 Clifton Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Dietel

6 DATE OF BIRTH (month, day, and year) Aug 19, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — D.D.

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carl Schrader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Walter
(Address) 1653 Clifton Ave

15 Filed 1926 H. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 6 1926

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to Apr 6, 1926, that I last saw he alive on Apr 5, 1926, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Jacob Frohm, M. D.

4/6 1926 (Address) 1823 N. Wash St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4/9/26

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09331 — 74-001 — E 09331

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO.) 1519 N. Fremont ST. (WARD) 19-1

2-FULL NAME Samuel Shannon

(a) RESIDENCE NO. 1519 Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonora Shannon

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE — Years: 76 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer: Prince Geo. Co. Md

9 BIRTHPLACE (city or town) (State or country): unknown

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Nancy Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs. Lena Leonard

(Address): 1519 Fremont

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 29th 1926, to Apr 7th 1926, that I last saw him alive on Apr 7th 1926, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary): Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Lebell M. D.

, 19 (Address) 713 Fulton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion — DATE OF BURIAL: April 9 1926

20 UNDERTAKER: I. H. Brown & Son — ADDRESS: 108 N. Monroe

Apr 9 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

Barney

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 09332

CERTIFICATE OF DEATH.

24 B 09332

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Hanover ST. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm S. Barney

(a) RESIDENCE. No. 643 Hanover ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett S Barney

6 DATE OF BIRTH (month, day, and year) June 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Isaac S Barney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Hollings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Richard S Baker

(Address) 643 Hanover St

Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1926, to April 8, 1926, that I last saw h[illegible] alive on April 7, 1926, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemorrhage

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles R. Hance, M. D.

Apr. 10 1926 (Address) 712 Strieby Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 12 1926

20 UNDERTAKER J. R. Brown's Son ADDRESS 1918 Mount

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09333

CERTIFICATE OF DEATH.

166 E 09333

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen'l Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie F Bland

(a) RESIDENCE NO. 4 E Hill St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Bland

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1895

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	30	7	8 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employee of

(b) General nature of industry, business, or establishment in which employed (or employer) Wards Bakery

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Thomas Hutchins

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Farrell

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) North Carolina

14 Informant Mrs. Fannie Hutchins

(Address) 4 E. Hill St.

Filed Apr 9 1926 C. HAMPSON JONES, M. D. Registrar

Per R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Bichloride of Mercury

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary) H C Hopkins

(duration) ___ yrs. ___ mos. 2 ds.

(Signed) G E Blades M. D. (Coroner)

Apr 9 26 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Hill Md Tolchester Co

Date of Burial Apr 10 1926

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 09334

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 001
E 09334

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 3-1 WARD)

2-FULL NAME Neal Jones.

(a) RESIDENCE NO. 12 W E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1991

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or min.
	35yr(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

9-1926 S. HAMPSON JONES, M. D.

Por ..... RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1925 to April 6, 1926.

that I last saw him alive on April 6, 1926.

and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Post Encephalitic Parkinsonian Syndrome

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) (11 days) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

4/6, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Timberland n/c — DATE OF BURIAL April 9 1926

20 UNDERTAKER Edward Bryan — ADDRESS 691 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

Dr Athey 2504 Lt Foul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09335 E 09335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 7 Echo Dale Ave ST., 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion K Williams

(a) RESIDENCE NO. 7 Echo Dale Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm T Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Actions Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs Beulah Williams (Address) 7 Echo Dale Ave

15 Filed PR9 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to April 7, 1926, that I last saw her alive on April 6, 1926, and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Mitral Insufficiency)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry B Athey, M. D.

4/8, 1926 (Address) 2504 Lt Foul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Apl 10 1926

20 UNDERTAKER: Jno Cook — ADDRESS: 5722 Knoll Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09336

CERTIFICATE OF DEATH.

31 E 09336

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Holbrook ST. 9-6 WARD)

2-FULL NAME George W. Hall

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1712 N. Holbrook St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Hall

6 DATE OF BIRTH (month, day, and year) 2/27/ 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Boilermaker 056

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary A. Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Mary A. Hall (Address) 1712 N. Holbrook St

15 Filed ..... 19 ..... Registrar

R 9 - 1926

HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to Apr 7th, 1926, that I last saw him alive on April 6, 1926, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) L. McCahan, M. D.

Apr 9, 1926 (Address) 111 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 4/10 1926

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

69337 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 9337

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1501 South Charles Street St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME GIAVANNI ANDREONI

(a) Residence No. 1501 S. Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
M	W	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1894

7-AGE.	If LESS than 1 day,
32 yrs. mos. ds.	hrs. or mln.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labrer 070

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9-BIRTHPLACE (city or town) Itoli (State or Country),

PARENTS.

10-NAME OF FATHER, Piaffrele Andreoni

11-BIRTHPLACE OF FATHER (city or town) Itoli (State or Country),

12-MAIDEN NAME OF MOTHER, Filamem Firtota

13-BIRTHPLACE OF MOTHER (city or town) Itoli (State or Country),

11- (Informant) Prgentino Pmadio

(Address) 1501 S. Chrles Street

15- Filed APR9 - 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 8, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1926 to April 8, 1926

that I last saw him alive on April 6, 1926

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Vera)

(Duration) yrs. mos. 1/48 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Pascoe Jr. M. D.

4.9., 1926 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	April 10-1926
20-UNDERTAKER.	ADDRESS
John Grebliauckas	425 S Paca St.

F.S.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09338

3/v

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 E-33rd St. (Ward) 9-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll Musselman

(a) RESIDENCE. No. 1609 E-33rd St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed or divorced HUSBAND of (or) WIFE Late Josie Story

6 DATE OF BIRTH (month, day, and year) Aug 18th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) O+S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Jackson Musselman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dukehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jackson Musselman (Address) 1609 E-33rd St.

15 Filed 9 - 1926 19 C. HAMPSON JONES, M. D. Registrar By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 1926, to Apr 7 1926, that I last saw him alive on April 5 1926, and that death occurred, on the date stated above, at 4 5 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Exam

(Signed) Robert T. Mitchell, M. D.

4/9, 1926 (Address) 711 W Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: 4/9 1926

20 UNDERTAKER: Harry H. Stitzer ADDRESS: 1531 W. Lombard.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1830 Dover St. Ward) 19-2 100-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Donohue Jr.

(a) Residence No. 1830 Dover St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 6-1924

7-AGE, 1 yrs. 4 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas J. Donohue

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER, Reda Carey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Norfolk Va. Md

14-

(Informant) Thomas J. Donohue Sr.

(Address) 1830 Dover St.

15-

Filed 19 R9 - 1926 19 HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 8, 1926.

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 8, 1926

that I last saw him alive on April 7, 1926

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 2 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Edgar T. Tracey M. D.

19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Cemetery DATE OF BURIAL, April 10 1926

20-UNDERTAKER George L. Schmidt ADDRESS 2101 Fulton Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09340

118-001

CERTIFICATE OF DEATH.

E 09340

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2800 Dillon St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Harrison

(a) RESIDENCE NO. 2800 Dillon St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Whit	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Harrison

6 DATE OF BIRTH (month, day, and year) May 23 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	42	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Joiner

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Bldg, Co

(c) Name of employer Lopedden Co

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Thomas Harrison

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Catherine Ahearn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto md

14 Informant Anna Harrison

(Address) 2800 Dillon St

Filed APR 9 - 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

Failed appendix operation

7-2

(duration) 24 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Strangulation of Hernia

(duration) yrs. mos. 4 ds.

(Signed) James M Harrison M. D.

(Coroner)

4-8 1926 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial April 10 1926

20 UNDERTAKER Stephen J Walkowski ADDRESS 1000 S Kenwood Ave

Cor.—1-12-23—M&T—100 Bks.

E 09341 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09341

CERTIFICATE OF DEATH.

165-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hand at 28th Fremont St., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Fire Marcus

(Address) 1616 Druid

Filed 9-1926 HAMPSON JONES, M. D. Registrar

By RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilateral

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Hampson Jones M. D.
(Coroner.)

4/8, 1926 (Address) 7632 Roberts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 09342

E 09342

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST.) BALTIMORE CITY HOSPITALS 22-1 WARD)

2-FULL NAME August Aluska

(a) RESIDENCE NO. 618 Washington Boulevard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50 yr (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Baltimore City Hospitals Records

(Address)

Filed 5-7 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30. 1926. to April 7. 1926.

that I last saw ~~him~~ alive on April 7. 1926

and that death occurred, on the date stated above, at 3:45P m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller M. D.

4/8 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Lot) Londonbenevolent

DATE OF BURIAL 4/10 1926

20 UNDERTAKER Charles B Kuebenecker

ADDRESS 637 S Paca St.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09343

CERTIFICATE OF DEATH.

X 129 ~E 09343

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-3 WARD)

2-FULL NAME (Rev. Francis X. Siggins ~ (Siggins))

(a) RESIDENCE NO. Xavier dr. Grace ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. 1 mos. 4 ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | 4 COLOR OR RACE W. | 5 Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Feb. 19. 1883

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
43	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Roman Catholic Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City (State or country) New York

PARENTS

10 NAME OF FATHER William Siggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Christian Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Rev. Harry A. Quinn

(Address) 408 N. Charles Street

Filed APR 9 1926 Per K.K. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-21- , 1926 , to 4-8- , 1926

that I last saw h alive on 4-8- , 1926

and that death occurred, on the date stated above, at 3 42 P. m.

The CAUSE OF DEATH* was as follows:

Primary: Interstitial Nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No , Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible] , M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 4/12 1926

20 UNDERTAKER: Henry U. Myers and Son

ADDRESS: 805 N. Calvert

Spec.—Ltr. 71—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1899 E 09344

CERTIFICATE OF DEATH.

90 E 09344

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 1-2 WARD)

2-FULL NAME Angelina Zakolescay

(a) RESIDENCE NO. 719 S Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22 - 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER John Zakolescay

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Rosee ?

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Russka (Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 9 - 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8th 26

17 I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1926, to April 8th, 1926, that I last saw h e alive on April 8th, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

a Rheumatic heart disease (duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Saunders Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL April 10 1926

20 UNDERTAKER J H Ozazewski — ADDRESS 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09345 CERTIFICATE OF DEATH. 129 E 09345

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1603 N. Caroline ST. 8-2 WARD)

2-FULL NAME Henry C. Wiedefeld

(a) RESIDENCE NO. 1603 N. Caroline ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND (or) WIFE: Margareth C. Widefeld

6 DATE OF BIRTH (month, day, and year): June 21, 1845

7 AGE: 80 Years 8 1 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Funeral Director

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Francis Widefeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Ricky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Rita Wiedefeld (Address) 1603 N. Caroline St

Filed APR 9 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 8, 1926, that I last saw him alive on April 8 1926 and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis & endocarditis

Chronic nephritis

Arteriosclerosis & hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

Uremia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical evidence

(Signed) Geo. B. Sybert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae

DATE OF BURIAL: 4/10/26

20 UNDERTAKER: Philip Young

ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09346

CERTIFICATE OF DEATH.

164 E 09346

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 701 E. Chase St. 10-2 Ward)

2-FULL NAME Edward Hogan

(a) RESIDENCE NO. 701 E. Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Hogan

6 DATE OF BIRTH (month, day, and year): Oct 5, 1852

7 AGE: Years 73 | Months 6 | Days 9 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

040

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant (Address): Mary Hogan 701 E. Chase St.

15 Filed ..... 19..

C. HAMPSON JONES, M. D.

Registrar

9 - 1926 Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April 8 - 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1st 1926 to April 8 1926, that I last saw h— alive on April 6 1926, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .

Was there an autopsy? no .

What test confirmed diagnosis? clinical symptoms

(Signed) W. Pearce M. D.

4-8, 1926 (Address) 5 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae — Date of Burial: April 12 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 206 Orleans st

Spec.—1-12-23—M&T—500 Bks.

E 09347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09347

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 109 S. Washington Street ST., 2 WARD)

2-FULL NAME Aniela. Baczynski

(a) RESIDENCE NO. 109 S. Washington Street ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 13 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph. Baczynski

6 DATE OF BIRTH (month, day, and year) April 2 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	-	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mr. Joseph. Baczynski 109 S. Washington Street

15 Filed APR 9 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/26

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to April 8, 1926, that I last saw h[illegible] alive on April 8, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

① Bacterial Endocarditis
② Chronic Rheumatic Valvular Heart Disease (duration) 20? yrs. mos 6 ds

CONTRIBUTORY (Secondary) Pulmonary embolism (duration) 3 yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Feinglos, M. D.

4/8, 1926 (Address) 2002 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: April 12 1926

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 09348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 09348

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sherbrooke ave ST. 28-1 WARD)

2-FULL NAME Catharine Francis Kreimer

(a) RESIDENCE NO. Sherbrooke ave near Reisterstown Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Charles F. Kreimer

6 DATE OF BIRTH (month, day, and year) Oct 22 1861

7 AGE: Years 64; Months 3; Days 15; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Schweitzer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Keim

13 BIRTHPLACE OF MOTHER (city or town) Baden Baden (State or country) Germany

14 Informant Miss Louisa Kreimer (Address) Sherbrooke ave.

15 Filed Dec 9 1926 19 Reg. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Dec 7, 1926.

that I last saw her alive on Dec 7, 1926.

and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Paul Brown M. D.

Dec 8. 1926 (Address) 1837 Druid ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: April 10 1926

20 UNDERTAKER: Geo. A Fearley

ADDRESS: Fulton ave Lafayette Sq

TION is very important. See instructions on back

Spec.—12-9-25—A Co.—200 Bks.

E 09349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09349

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1740 Eastern Ave St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Simon

(a) RESIDENCE NO. 1740 Eastern Ave St. 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 21st 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	51	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sawyer in Box Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Michael Simon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Gertrude Simon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Minnie Simon

(Address) 1740 Eastern Ave

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 27 19 26, to Apr. 7 19 26,

that I last saw h.. alive on Apr. 7 19 26,

and that death occurred, on the date stated above, at 3a. m.

The CAUSE OF DEATH* was as follows:

Chronic Fibrosis Pulmonum, Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Apr 7, 1926 (Address) 1740 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Cem. Apr 10th 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeiler 400 S. Mo[illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09350 E 09350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 23-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Vienna

(a) RESIDENCE NO. 1122 E. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of or WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1923

7 AGE: Years 2 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Joe Vienna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Castuna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Vienna

(Address) 1120 E Pratt St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per BCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 9, 1926, that I last saw him alive on April 9, 1926, and that death occurred, on the date stated above, at 4:35 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

4/9, 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 4/9- 1926

20 UNDERTAKER: Geo J Ruth

ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09351 X49 E 09351

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No.) Lafayette & Johns St. 34-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Harrison Randolph

(a) RESIDENCE NO. Boyce Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occ 5 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11. 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student HS

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Clarke Co. Va.
(State or country)

PARENTS

10 NAME OF FATHER Robert C. Randolph

11 BIRTHPLACE OF FATHER (city or town) Clarke Co. Va
(State or country)

12 MAIDEN NAME OF MOTHER Isabel W. Harrison

13 BIRTHPLACE OF MOTHER (city or town) Clarke Co Va.
(State or country)

14 Informant Dr Robert C Randolph.
(Address) Boyce Va

15 - 1926 C. HAMPSON JONES, M. D. 19 Registrar
For RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from mar 3, 1926, to apr. 9, 1926,

that I last saw h er alive on apr 9 1926,

and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Clavicle

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Sarcomatosis Metastases

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of Oct. 31-25 & Dec 3 Dec 10-25

Was there an autopsy? no

What test confirmed diagnosis? Pathological sections of the growth. Wm. Wilson, M. D.
(Signed)

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Boyce Va	April 10 1926
20 UNDERTAKER	ADDRESS
Wm Mitchell	1206 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09352 F 09352

E 09352

CERTIFICATE OF DEATH.

66

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Rutland ave ST., 7-1 WARD)

2-FULL NAME George Wilson

(a) RESIDENCE NO. 907 Rutland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Lenlman.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lenlman

6 DATE OF BIRTH (month, day, and year): Lenlman 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Turkey N. C.

PARENTS

10 NAME OF FATHER: George Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Alice Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Alice Wilson 907 Rutland ave

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5th, 1926, to April 7, 1926, that I last saw him alive on April 7, 1926 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D.

4-9, 1926 (Address) 822 N. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Warrenton N. C.

DATE OF BURIAL: Apr. 9 1926

20 UNDERTAKER: Mrs. P. G. Ellis

ADDRESS: 1723 Eastland

Spec.—1-10-21—M&T—1500 Bks.

1926 215
1926 E 09353

HEALTH DEPARTMENT—CITY OF BALTIMORE

Ped

E 09353

CERTIFICATE OF DEATH.

37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Swift

(a) RESIDENCE NO. 705 Light St ST., Balto WARD Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11th 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Howard Swift

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Haenel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to April 8, 1926, that I last saw him alive on April 8, 1926, and that death occurred, on the date stated above, at 7 20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

Tuberculosis, acute generalized miliary

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	April 15 1926
20 UNDERTAKER E. Schloman & Son	ADDRESS 1034 Monroe St

Spec.—1-10-21—M&T—1500 Bks.

E 09354

HEALTH DEPARTMENT—CITY OF BALTIMORE

10/4 09354

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S. Second St. ST., 26 WARD)

2-FULL NAME George Henry Knox.

(a) RESIDENCE NO. 301 S. Second St. ST., 26 WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Knox.

6 DATE OF BIRTH (month, day, and year) Aug. 27-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	26	7	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... 06

(b) General nature of industry, business, or establishment in which employed (or employer) Continental Can.

(c) Name of employer Co

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Anton Knox.

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Catherine Norka

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Margaret Knox (Address) 301 S. Second St.

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

- 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/31/26, 19..., to 4/6/26, 19..., that I last saw h[illegible] alive on 4/5/26, 19..., and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Involvement of Lungs

(Signed) ..... M. D.

April 9, 1926 (Address) 301 S Wendover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	April 10 1926
20 UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09355

90 E 09355

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Continental Can Co 3 Mile

City of BALTIMORE: (No.) Philadelphia Rd 7th St. 9 (Ward) 13

2-FULL NAME Mrs Hoehl

(a) RESIDENCE NO. 617 ½ Part St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Whit	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hoehl

6 DATE OF BIRTH (month, day, and year) April 7, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Continental Can Co

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Godfrey Hoehl

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Goldbach

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Elizabeth Hoehl

(Address) 617 ½ Part St

15 Apr 12 1926 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*

Myocarditis chronic heart

probably Had Pericarditis also

(duration) ____ yrs. 1½ mos. ____ ds.

CONTRIBUTORY (Secondary) Emphysema & Bronchitis

Arthritis (duration) ____ yrs. ½ mos. ____ ds.

(Signed) James M Kelton M. D.

(Coroner)

April 8, 1926 (Address) 708 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cem.	April 1926
20 UNDERTAKER	**ADDRESS**
Lilly & Zeller	403 S. Wolfe St.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09356

100-001

E 09356

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Sevier St. 21-3 WARD)

2-FULL NAME Francis L. Simmons

(a) RESIDENCE NO. 913 Sevier ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24/1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
		1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo W Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo W Simmons

(Address) 913 Sevier St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RRQ

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to April 8, 1926,

that I last saw h..... alive on April 8, 1926

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Hamburger M. D.

April 8, 1926 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Apr 10 1926
20 UNDERTAKER Jos Jourdens Son	ADDRESS 2178 Pa.

Spec.—1-10-21—M&T—1500 Bks.

E 09357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09357

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S. Stricker St., ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara V. Keck,

(a) RESIDENCE NO. 21 S. Stricker St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George W. Keck,

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1853

7 AGE Years	Months	Days	If LESS than 1 day, brs. or min.
72 5	5	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. John J. Strott

(Address) 21 S Stricker St.

15 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926. to April 8, 1926.

that I last saw her alive on April 7, 1926.

and that death occurred, on the date stated above, at 5.40 A m.

The CAUSE OF DEATH* was as follows:

Influenza causing

Cardiac dilatation

(duration) ✓ yrs. 1 mos 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and myocarditis (duration) Over 1 mos. 21 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Henry C. Ohler, M. D.

4-9, 1926 (Address) 1200 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 19/26

20 UNDERTAKER Harry H. Wirtz & Co

ADDRESS 1521 W Lombard

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09358

E 09358

CERTIFICATE OF DEATH.

REGISTERED NO. C 16 N-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME James Alonza Walkins

(Residence in Baltimore: No. 1917 Hollins St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 7-26, (Month) (Day) 1 (Year)

7-AGE: ..yrs. ..mos. 2 ds. If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: ..
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Alonza Walkins

11-BIRTHPLACE OF FATHER (State or Country): Montgomery County

12-MAIDEN NAME OF MOTHER: Cora Irene Adams

13-BIRTHPLACE OF MOTHER (State or Country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Franklin Sq. Hosp.

(Address): 112 N. Castle Town St.

15- C. HAMPSON JONES, M. D.

Filed ..., 191.. Registrar.

1926 Per ..

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 7 1926, to April 9 1926.

that I saw h[illegible] alive on April 9 1926.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

(a) Atelectasis

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(Duration) yrs. mos. 1 ds.

(Signed) M. A. Jacobs M. D.

, 191.. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Clagettsville Montgomery Co

DATE OF BURIAL: April 10, 191..

20-UNDERTAKER: Harry A. Watzke

ADDRESS: 1581 W. Lombard St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09359 — CERTIFICATE OF DEATH. — 146 E 09359

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Price

(a) RESIDENCE NO. Queenstown Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen H Price

6 DATE OF BIRTH (month, day, and year): July 21 1902

7 AGE — Years: 23 — Months: 8 — Days: 17 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): NY

PARENTS

10 NAME OF FATHER: Charles J Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country): London

12 MAIDEN NAME OF MOTHER: Euphrasia Albury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Indies

14 Informant: H. C. Abbott
(Address) 2856 Grand Concourse NY

15 1926 C. HAMPSON JONES, M. D., Registrar
Per Reed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 1926, to April 9th, 1926, that I last saw h[illegible] alive on April 5th, 1926, and that death occurred, on the date stated above, at 3:10 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Queenstown Md.

Did an operation precede death? Not Date of

Was there an autopsy? Not

What test confirmed diagnosis? Blood Culture.

(Signed) W I Kurtz, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Queenstown Md — DATE OF BURIAL: April 10 26

20 UNDERTAKER: Harry H. Weitzel — ADDRESS: 1538 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09360

CERTIFICATE OF DEATH.

89 E 09360

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1929 W. Balto St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Dickey

(a) RESIDENCE NO. 1929 W. Balto St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 2 or 3 1876

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
49	8	16 / 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Salesman 166

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Baltimore Rd

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER: Dickey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Newyork

12 MAIDEN NAME OF MOTHER: Lealhop

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Newyork

14 Informant: Stella Dickey

(Address) Newyork

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4th 1926 to April 7th 1926

that I last saw h[illegible] alive on April 7th 1926

And that death occurred, on the date stated above, at 8:50 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

4/9, 1926 (Address) 400 N Byron

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Rohde (Lyme) Date of Burial 4/9 1926

20 UNDERTAKER: F. B. Tippett ADDRESS 1850 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 09361 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09361

CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH Hebrew Hospt

CITY OF BALTIMORE: (NO. ST. 1-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Irving Bragg.

(a) RESIDENCE NO. 2801 Eastern Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 6 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert L. Bragg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Nesbit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md.

14 Informant R. L. Bragg. (Address) 2801 Eastern ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/9/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 14, 19 26, to April 7, 19 26, that I last saw h[illegible] alive on April 7, 19 26, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis - generalized

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of March 25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant Cemetery

DATE OF BURIAL April 10 1926

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09362

CERTIFICATE OF DEATH.

91-002 E 09362

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 Malcolm Lane 9-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen O'Donovan

(a) RESIDENCE NO. 624 Malcolm Lane Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Peter O'Donovan

6 DATE OF BIRTH (month, day, and year): July 27, 1853

7 AGE: Years 72 | Months 8 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER: Patrick Fahey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Bridget Kennedy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant: Catherine O'Donovan

(Address) 624 Malcolm Lane

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Apr. 7, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1926 19 to Apr. 7, 1926. 19, that I last saw her alive on Apr. 7, 1926. 19, and that death occurred, on the date stated above, at 7.30P m.

The CAUSE OF DEATH* was as follows:

Ateric-Sclerosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ----------

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Lewis L. Deane M. D.

4/9/26 (Address) 1610 Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Govans Date of Burial: Apr. 10 1926

20 UNDERTAKER: Margaret J. Flynn ADDRESS: 1422 Light St.

Spec.—6-9-19—H. P. Co.—1000 Bka.

E 09363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09363

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1416 Leinden ave ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Richard Parks

(a) RESIDENCE. NO. 1416 Linden Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb 27 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Lord Mott Co

9 BIRTHPLACE (city or town) (State or country) Chestertown Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Richard W Parks

(Address) Saint Paul Courts

Filed Apr 9 1926 C. HARRISON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1926, (to Apr 9 1926, that I last saw h live on Apr 8 1926, and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Senile Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Simmons, M. D.

(Address) 4509 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton Md	Apr 10 1926

20 UNDERTAKER W M Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 09364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09364

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3434 Belair Road St. 27-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L Rukе

(a) RESIDENCE No. 3434 Belair Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Rukе

6 DATE OF BIRTH (month, day, and year): June 28 1873

7 AGE — Years: 52 Months: 9 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Christian Rukе

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Buhmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Melvin M Rukе 3424 Belair Road

15 Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 1923, to 4/8, 1926, that I last saw him alive on 4-8, 1926, and that death occurred, on the date stated above, at 2 47 m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 3 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(duration) 3 yrs. . mos. . ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Dane Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: April 8 1926

20 UNDERTAKER: Wm. Cook — ADDRESS: 512 E Hoffman

Spec.—1-12-23—M&T—500 Bks.

E 09365 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09365

100,001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals. 763

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank E.Fowler

(a) RESIDENCE No. 5 N.Clinton [redacted]. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fowler

6 DATE OF BIRTH (month, day, and year) July 20, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
64	63	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William H.Fowler,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Lawder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8- 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-17-, 1926, to 4-8-, 1926, that I last saw him alive on 4-8-, 1926, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/ Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Joseph E. Smith M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Apr 12 1926
20 UNDERTAKER	ADDRESS
Wm. Cook	502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09366 E 09366

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Penna. Ave ST. 14-1 WARD)

2-FULL NAME Anna D. Gith

(a) RESIDENCE NO. 1502 Penna Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: John Gith

6 DATE OF BIRTH (month, day, and year): Sept. 29-1853

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
72	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Hafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Clara Gith
(Address) 1502 Penna ave

15 Filed 4/18 1926 C. HAMPSON JONES, M. D., Registrar.
Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-3 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925, to April 8, 1926, that I last saw h[illegible] alive on April 8, 1926, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
unknown

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalyses

(Signed) Walter Gill, M. D.

4/8, 1926 (Address) 343 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: April 12 1926

20 UNDERTAKER: Harry W. Ellen ADDRESS 1944 W. North ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09367

CERTIFICATE OF DEATH.

GE 09367

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Barnes ST., 7-1 WARD)

2-FULL NAME Joseph J. Frisby

(a) RESIDENCE NO. 1718 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Sing.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 1st 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) md.

PARENTS

10 NAME OF FATHER Chas. Offord.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Frisby

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Bertha Frisby
(Address) 1718 Barnes

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-1926

17 I HEREBY CERTIFY, That I attended deceased from 4-3-1926, to 4-9-1926, that I last saw her alive on 4-8-1926, and that death occurred, on the date stated above, at 8,30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Whooping cough.

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

, 19 (Address) 611 N. Carrol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westbury Cem

DATE OF BURIAL 4/10 1926

20 UNDERTAKER Jas. Jno. Skinner

ADDRESS 1650 E. Broad st

C. HAMPSON JONES, M. D.

1926

For

Spec.—12-9-25—A Co.—200 Bks.

E 09368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 09368

27-12

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 103 Hamilton Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A Ryan

(a) RESIDENCE NO. 103 Hamilton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John K Ryan

6 DATE OF BIRTH (month, day, and year): Oct 8 1875

7 AGE — Years: 51 — Months: 6 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: John F Marsh

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Knott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: John K Ryan

(Address): 103 Hamilton Ave

C. HAMPSON JONES M.D.

1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 4. 8. 26.

17 I HEREBY CERTIFY, That I attended deceased from 12.27.16, 19, to 4. 8. 26, 19, that I last saw h.. alive on 4. 7. 26, 19, and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical - Chemical. Microscopical

(Signed) Philip B. Fowler M. D.

4.8.26 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Michaels Md. Date of Burial 4/11 19 26

20 UNDERTAKER: L. Fred McCully ADDRESS 130 E. Fort

Spec.—1-12-23—M&T—500 Bks.

(George Shea)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09369 E 09369

CERTIFICATE OF DEATH.

x 49

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospt (St.) H-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [illegible]

(a) RESIDENCE NO. 905 Michigan Ave ST. WARD Aberdeen Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 662

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible] (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Hospital Record (Address)

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

For RKM

D 13266

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) [illegible] 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to [illegible] 19 26.

that I last saw h[illegible] alive on [illegible] 19 26.

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical & Ray

(Signed) W. P. Bryand, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill DATE OF BURIAL 7/8/26

20 UNDERTAKER Joseph Stanley Fuller ADDRESS Fayette

Spec.—1-10-21—M&T—1500 Bks.

E.09370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09370

E.09370

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Huntford Ave ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Hays

(a) RESIDENCE NO. 506 N. Huntford Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27-1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer): ~~000~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William A. Hays.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chelsea Mass.

12 MAIDEN NAME OF MOTHER: Emma C. Hokenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Swedesboro N.J.

14 Informant: Emma C. Hays.

(Address) 506 N. Huntford Ave

15 0 1926

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to Apr 7, 1926, that I last saw h— alive on Apr 7, 1926, and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) A Bronchitis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W W White Jr M. D.

4/8, 1926 (Address) 2800 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Apr 10 1926

20 UNDERTAKER: Geo C. Miller & Son — ADDRESS: 2334 Pratt St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09371 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09371

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 W Lanvale, St.) 23-1 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Delores Spriggs

(a) RESIDENCE. No. 147 W Lanvale St. 23 Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs ... mos ... ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lottie Putney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Lottie Putney 147 W Lanvale St.

15 Filed ... 1926 C. HAMPSON JONES, M. D. Registrar.

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26 1926, to April 8 1926, that I last saw her alive on April 8 1926, and that death occurred, on the date stated above, at 5.05 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dan Bordley, M. D.

April 9, 1926 (Address) 908 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

DATE OF BURIAL April 10 1926

20 UNDERTAKER J. H. Bruno & Son

ADDRESS 1210 Monroe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09372

CERTIFICATE OF DEATH.

74-901 09372

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Carlton ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Sharp —

(a) RESIDENCE NO. 617 N. Carlton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Sharp —

6 DATE OF BIRTH (month, day, and year): April 2d 1878

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress — 71

(b) General nature of industry, business, or establishment in which employed (or employer): Washing & Ironing

(c) Name of employer: Home — work —

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md —

PARENTS

10 NAME OF FATHER: Isaac Coats

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md —

12 MAIDEN NAME OF MOTHER: Elizabeth Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md —

14 Informant: Bertha Curtis Daughter

(Address): 617 Carlton St —

15 [illegible] 19

Per C. HAMPSON JONES, M. D. Registrar

0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 9th, 1926, to April 9, 1926

that I last saw her alive on April 8th, 1926

and that death occurred, on the date stated above, at 5 a — m.

The CAUSE OF DEATH* was as follows:

Cerebral - Haemorhge —

Paralysis

(duration) yrs. 1 mos da.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. Months Days

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) Samuel A Bain, M. D.

(Address) 987 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: April 12th 1926

20 UNDERTAKER: Hammett & Wright

ADDRESS: 1364 Pine

Spec.—12-9-25—A Co.—200 Bks.

09373

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-08 E 09373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1117 Shields Alley St. 17-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Glasco Brooks

(a) RESIDENCE NO. 1117 Shields Alley St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. M.

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May.18th. 1924x 1924

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
1	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Brooks

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Virginia Randell

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore Md.

14 Informant Jos. Brooks (Farther)

(Address) 1117 Shields Alley

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

Per _____

0 1926

very important. See instructions on back of certificate

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8th 26

17

I HEREBY CERTIFY, That I attended deceased from April 7th. 19 26 to April 8th. 1926,

that I last saw h... alive on April 8th 19 26,

and that death occurred, on the date stated above, at 12.55 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death At place of d death

Did an operation precede death? No Date of_____

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cemetery — Date of Burial: April 10, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

E 09374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09374

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1242 E. Monument St. 10-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Williams

(a) RESIDENCE NO. 1242 E. Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 2/1884

7 AGE: Years 42 Months yo Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): D.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: William Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Cromell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mary Downing

(Address): 1242 E. Monument St

15 Filed C. HAMPSON JONES, M. D.

0 1926 Per RCP Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 9/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Paul M. D.

(Coroner)

4/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ... mos., ... ds. In the State..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial 19

20 UNDERTAKER: Lottie Gross ADDRESS 1405 Inc Elderly

Spec.—1-10-21—M&T—1500 Bks.

E 09375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09375

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway St. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Silbert

(a) RESIDENCE NO. 1717 W. Fourth St. Salem, N.C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Silbert

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Kaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bertha Klapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. L. Cohen

(Address) Winston-Salem N.C.

15 Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 9, 1926, that I last saw her alive on April 9, 1926, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Pernicious Anemia

Duodenal Ulcer.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) T. H. Wright, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winston-Salem N.C. DATE OF BURIAL 4/10 1926

20 UNDERTAKER Jack Lewis ADDRESS 1409 E. Belt

0 1926

Per ARF

E 09376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09376

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Penn Rahway 4-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie B. Ebert Rizetti

(Residence in Baltimore: No. Penn Rahway St.; yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: May 15 (Month) (Day) 1886 (Year)

7-AGE: 40 yrs. 0 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework 037

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Richard Jordan

11-BIRTHPLACE OF FATHER, (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Eliz. Tilley

13-BIRTHPLACE OF MOTHER, (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eliz. Stevens

(Address) 127 N Liberty St

15- Oct 1926

C. HAMPSON JONES, M. D. 1926 Registrar.

For 1084

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: 4 (Month) 8 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Patient Emaciated

Age 39 yrs

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

4/10 1926 (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: April 10 1926

20-UNDERTAKER: W. F. Faulmer & Son — ADDRESS: Lafayette

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09377

E 09377

CERTIFICATE OF DEATH. 18

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Emmart Hospital ST. 15-5 WARD)

2-FULL NAME Stuart N. Brown

(a) RESIDENCE No. 6 Prospect Circle ST., Windsor Hills WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 8, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk. Md
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pa R.R. Balto. Md

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER Richard J. Brown

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen M. Stuart

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs. Helen M. Brown
(Address) 6 Prospect Circle

15 Filed ..... 192 C. HAMPSON JONES, M.D.
Registrar
Per .....

07926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull.
Accident Automobile Truck
Said (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)
4/10 , 192 (Address) 5225 Pat Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Apr. 1/ 1926

20 UNDERTAKER Wm. Pickrell Sons. ADDRESS North Pa

Spec.—1-10-21—M&T—1500 Bks.

E 09378

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 20 09378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE: (No.) Franklin Square Hospital, Fayette & Calhoun ST., 171 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: James Haywood Mills

(a) RESIDENCE NO. 529 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Mills

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE — Years: 45 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Wagon.

(c) Name of employer: Anderson

9 BIRTHPLACE (City or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER: Sandy Mills

11 BIRTHPLACE OF FATHER (City or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Allentown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Allentown.

14 Informant: Carrie Mills (Address) 529 W. Lanvale St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926 to April 7, 1926, that I last saw him alive on April 7, 1926 and that death occurred, on the date stated above, at 4:05 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Volvulus

(duration) ..... yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Indigetion & Constipation

(duration) Don't know yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White M. D.

19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Henderson NC

DATE OF BURIAL: 4/11 19 26

20 UNDERTAKER: Sam'l H. Smedley

ADDRESS: Balto

Spec.—1-10-21—M&T—1500 Blks.

09379 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09379

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1216 Druid Hill Ave. (St.) (WARD)

2-FULL NAME Mary Edythe Cooper.

(a) RESIDENCE No. 1216 Druid Hill Ave. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 28 - 1847

7 AGE: Years 78 Months 6 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 65

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nathan Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Eddy (Address) 1216 Druid Hill Ave

Filed Apr 9 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 5 1926 to Apr. 8 1926.

that I last saw her alive on Apr. 8 1926.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood & Urine Examination

(Signed) W. J. Carr M. D.

Apr. 9 1926 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Apr 10 1926

20 UNDERTAKER Emile H Hawley

ADDRESS 28 N Bible

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09380

09380

CERTIFICATE OF DEATH.

REGISTERED NO. 27-6 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Roland Ave Roland Park ST. ..... WARD)

2-FULL NAME William Le Gendre

(a) RESIDENCE NO. 210 Roland Ave Roland Park ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Widowed

5a If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) Feb 10th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	69	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. Y

PARENTS

10 NAME OF FATHER: General C W Gendre

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y

12 MAIDEN NAME OF MOTHER: Clara Monlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Y

14 Informant: Mrs S. Pitts Gendre
(Address): New York

15 Filed 0 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1926, to April 10th, 1926, that I last saw him alive on April 4th, 1926, and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - with Hemiplegia

following arterio - renal - Cardiac disease

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Kentucket Massachusetts

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Bagley, M. D.

April 10, 1926 (Address) Fulton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York — DATE OF BURIAL: April 11 1926

20 UNDERTAKER: Henry Jenkins Sons Co — ADDRESS: Cleveland & Caroline Sts

Spec.—1-10-21—M&T—1500 Bks.

E 09381 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 1573 129 E 09381

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1505 N. Mount ST. 1573 (WARD)

2-FULL NAME Marshall Hughes

(a) RESIDENCE NO. 1505 N. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Anderson Hughes

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Foundry

(c) Name of employer Flynn & Emerick Hanover Co., Va.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Chas. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Co., Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanover Co., Va.

14 Informant Nannie H. Mapp
(Address) 1505 Mount St.

15 Filed 0 1926 C.H. HAMPSON JONES, M. D.
Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8- 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-8- , 1926 , to 4-8- , 1926 ,
that I last saw h— alive on 4-7- , 1926 ,
and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

about 1 yrs. mos ds.
(duration)

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C. Page M. D.

, 19 (Address) 1616 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Apr. 10 1926

20 UNDERTAKER Miss R. A. Elliott — ADDRESS Parkland

Spec.—1-10-21—M&T—1500 Bks.

E 09382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09382

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2843 Remington Av. (Or WARD) 12-2

2-FULL NAME Grandison Carter

(a) RESIDENCE NO. 2843 Remington av. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	23	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Jack Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Minnie Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Minnie Carter (Address) 2422 Oak St

15 Filed 0 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1926, to Apr. 8, 1926.

that I last saw him alive on Apr. 8, 1926

and that death occurred, on the date stated above, at 1.15, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. Gabriel Campbell, M. D.

Apr 10 1926 (Address) 1534 E. N. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL April 13 1926

20 UNDERTAKER Mac R. A. Elliott ADDRESS 1725 Archland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09383

161-001

E 09383

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1926 E. 31st St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Schultz

(a) RESIDENCE NO. 1926 E. 31st St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 9th 1926

7 AGE: Years — Months — Days 7 — IF LESS than 1 day....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Harry L. Schultz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) City

12 MAIDEN NAME OF MOTHER Esther Glauser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penn

14 Informant (Address) Harry L. Schultz 1926 E. 31st St.

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 April 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1926, to Apr 9, 1926, that I last saw him alive on Apr. 9, 1926, and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ...yrs. —mos. —ds.

CONTRIBUTORY (Secondary) Mother had fall and antepartum hemorrhage

(duration) ...yrs. —mos. —ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical finding

(Signed) Maurice E. Shamer, M. D.

April 10, 1926 (Address) 2300 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: April 12 1926

20 UNDERTAKER: John A. Inman — ADDRESS: 3000 E. 13

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09384

CERTIFICATE OF DEATH.

31 E 09384

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 16 S. Robinson St., 1-st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cumberland.

(a) RESIDENCE NO. 16 S. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Cumberland

6 DATE OF BIRTH (month, day, and year): Feb. 13 — 1886

7 AGE: Years 40 | Months 1 | Days 15 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER: Andrew Hutzler

11 BIRTHPLACE OF FATHER (city or town): Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER: Mary Valentine

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country) Md

14 (Husband) Informant (Address): Charles Cumberland, 16 S Robinson St.

15 Filed ..... C. HAMPSON JONES, M.D. Registrar

0 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to April 8, 1926, that I last saw h[illegible] alive on April 7, 1926 and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? —

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical - Findings + Sputum

(Signed) John H. Owens, M. D.

(Address) 35 E. Patapsco Ave

April 8 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery. Date of Burial: April 10 1926

20 UNDERTAKER: Robt. T. Turner Inc. ADDRESS: 1442 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

E 09385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09385

CERTIFICATE OF DEATH.

× 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-3 WARD)

*REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Chopin.

(a) RESIDENCE NO. Dick, Ave (New Envl) ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Chopin

6 DATE OF BIRTH (month, day, and year) Feb. 6. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Connolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph J. Chopin

(Address) Biddle and Eden Ave

15 Filed 1926

C. HAMPSON JONES, M. D.

By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-7, 1926, to 4-8, 1926,

that I last saw h[er] alive on 4-8, 1926

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

Myocarditis.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) J. T. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL April 11 1926

20 UNDERTAKER Edwin W. Conklin

ADDRESS 914 E. Eager St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09386
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

159-002

E 09386
REGISTERED NO.

City of BALTIMORE: (No. 1921 West Pratt St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles P. Wachter Jr.

(a) RESIDENCE NO. 1921 West Pratt St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2nd 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
----	----	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles P. Wachter
11 BIRTHPLACE OF FATHER (city or town) Frederick Co.
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Dora B. Shaffer
13 BIRTHPLACE OF MOTHER (city or town) Prince George Co.
(State or country) Maryland

14 Informant Charles P. Wachter
(Address) 1921 West Pratt St.

15 Filed APR 10 1926 C. HAMPSON JONES Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April, 9th. 1926 19

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to April 9, 1926, that I last saw h[illegible] alive on April 9, 1926, 2.45 P.M. and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Chas. A. Schaefer, M. D.
4/9, 1926 (Address) 53 S. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery Date of Burial Apr 10 1926

20 UNDERTAKER [illegible] & Cook ADDRESS 1003 N. Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

E 09387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09387

+ 49

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 7-1 Ward)

2-FULL NAME Lillian Blitz

(a) RESIDENCE NO. 1254 Haddaway Rd Sparrows Pt Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Blitz

6 DATE OF BIRTH (month, day, and year) June 9/1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Finnland

PARENTS

10 NAME OF FATHER John Tapia

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Finnland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Interment (Address) Jack Blitz Sparrows Pt. Md

15 Filed ..... 19 .... Registrar.

APR 10 1926 C. HAMP...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 9/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Thyroid Gland-involving Larynx

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Hamp, M. D.

(Coroner)

4/10/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial April 11 1926

20 UNDERTAKER Wm. Sandle & Sons Inc. ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

E 09388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 09388

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 837 W. 34 St

CITY OF BALTIMORE: (NO. 837 W. 34 St ST. 13-4 WARD)

2-FULL NAME George Robinson

(a) RESIDENCE NO. 837 W. 34 St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Marion Robinson

6 DATE OF BIRTH (month, day, and year) May 26/1871

7 AGE: Years 55. Months 10. Days 13. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): London England.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Marion Robinson

(Address): 837 W. 34 St.

15 Filed 0 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible] 19 26, that I last saw him alive on April 8. 19 26 and that death occurred, on the date stated above, at 5. a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder.

(duration) 2 yrs. + mos ds.

CONTRIBUTORY (Secondary) Exhaustion from pain and suffering

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 26/24

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. B. Bonnet M. D.

4/9 1926 (Address) 3343 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manpville Pa.

DATE OF BURIAL: 4/12/26

20 UNDERTAKER: Walter Davis

ADDRESS: 330 N Paine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 C.E. 09389

09389

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N Spring ST. 10-2 WARD)

2-FULL NAME Dorothy Bivaud

(a) RESIDENCE NO. 823 N Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 6 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Robert Bivaud

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Daisy White

13 BIRTHPLACE OF MOTHER (city or town) Eastern Shore Md.
(State or country)

14 Informant R. C. Gross Undertaker
(Address) 1405 No Eldersly

15 0 1926 C. HAMPSON JONES, M. D.
19 Registrar
Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to April 9, 1926, that I last saw her alive on April 9 1926, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Pharyngeal Diphtheria

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

4/10/26 19 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laural cemetery DATE OF BURIAL Apr 11, 1926

20 UNDERTAKER Lottie Gross ADDRESS 1405 N Eldersly

pec.—1-12-23—M&T—500 Blks.

E 09390 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Whitridge Ave ST. 17-4 WARD)

2-FULL NAME Carrie Bliss Stran

(a) RESIDENCE No. 421 Whitridge ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Franklin W. Stran

6 DATE OF BIRTH (month, day, and year) July 1 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carthage Ind.

PARENTS

10 NAME OF FATHER Bliss

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant J. H. Stran (Address) 616 Fairmount ave

15 Filed 0 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 8, 1926, that I last saw h alive on April 8, 1926, and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hess, M. D.

4-9-1926 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL April 12 1926

20 UNDERTAKER Chas G. Black — ADDRESS 742 W. North ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09391 E 09391

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. 1 Stonar ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August G. Holzschuh.

(a) RESIDENCE NO. 811 S. 1 Stonar ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie G. Gossage.

6 DATE OF BIRTH (month, day, and year) 10-17-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ~~hrs.~~ or ~~min.~~
	33	4 5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Water tender,

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R. R. 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Holzschuh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Koenig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Minnie G. Holzschuh (Address) 811 S. 1 Stonar St

15 0 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1926. to Apl. 7 1926 that I last saw h alive on Apl. 7th 1926 and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Robert L. Kirk M. D.

4/10 1926 (Address) 3126 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL 4/8/26

20 UNDERTAKER Geo J Pulby ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09392

CERTIFICATE OF DEATH.

7 3 1 E 09392

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walter Cheney

(a) RESIDENCE NO. Perry, N.Y. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 966

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Wm. T. Cheney

11 BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Hoorn

13 BIRTHPLACE OF MOTHER (city or town) N. Y.
(State or country)

14 Informant Records. JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ....., 19 C. HAMPSON JONES, M. D.
Par PK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/6, 1926, to 4/10, 1926,
that I last saw him alive on 4/10, 1926,
and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

, 19 (Address) E. J. Wahl - Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Perry. N. Y.

DATE OF BURIAL April 10 1926

20 UNDERTAKER John C. Whitehall

ADDRESS 120 W. [illegible] St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09393

CERTIFICATE OF DEATH.

74-001 E 09393

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 Harrisally St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Schiler

(a) RESIDENCE NO. 1004 Harrisally St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schiler

6 DATE OF BIRTH (month, day, and year) 1866 April 15

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'H O

(c) Name of employer

9 BIRTHPLACE (city or town) Checko Slav

(State or country)

PARENTS

10 NAME OF FATHER Frank Schiler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Checko Slav

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Checko Slav

14 Informant Anna Schiler

(Address) 1004 S Harris Alley

15 Filed 1-1-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) ....yrs. ....mos. 5 minutes

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) James M Kenton M. D.

(Coroner)

April 19 26 (Address) 700 E Chase

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial April 12 1926

20 UNDERTAKER Stephen J Kialkowski ADDRESS 1200 Kenwood Ave

Very Important. See Instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09394

CERTIFICATE OF DEATH.

90

E 09394

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Guy

(a) RESIDENCE NO. 310 S Harris Alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Guy

6 DATE OF BIRTH (month, day, and year): May 1st 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
37 yrs.		10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed APR 1 1926 HAMPSON JONES, M. D. Registrar

by R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 9, 1926, that I last saw h alive on April 9, 1926, and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. 4 mos. 5d. History

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H Lindsay Miller, M. D.

4/9/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: April 12 1926

20 UNDERTAKER: John J. Fields — ADDRESS: 1200 W Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09395
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

5 E 09395
REGISTERED NO.

CITY OF BALTIMORE: (No 127 S. Robinson St. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Kochler

(a) RESIDENCE. No 127 S Robinson St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Kochler

6 DATE OF BIRTH (month, day, and year) Mar 25, 1861

7 AGE — Years 65 — Months — Days 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Walther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Adelyne Stark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred Kochler
(Address) 127 S Robinson St

15 APR 1 1926 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to April 9, 1926, that I last saw h[illegible] alive on April 9, 1926, and that death occurred, on the date stated above, at 6.15 P.M.

The CAUSE OF DEATH was as follows: Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of leg (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) A C Kram, M. D.

APR 10 1926 (Address) 3907 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul Cemetery	April 13 1926

20 UNDERTAKER Wilbur W. Downs

ADDRESS 1018 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

Egiziaca Lanzi (Lanzi)

E 09396

HEALTH DEPARTMENT—CITY OF BALTIMORE

14 E 09396

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mrs Egiziaca Lanzi Franklin Sq Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mrs Egiziaca Lanzi ST., 10 12 WARD)

2-FULL NAME Mrs Egiziaca Lanzi

(a) RESIDENCE NO. 928 Valley St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Costantino Lanzi

6 DATE OF BIRTH (month, day, and year): 6/25/1886

7 AGE: Years 40 Months 9 Days 14

If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Italy (State or country)

PARENTS

10 NAME OF FATHER Nunzio Fontana

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Anna M. Magnanti

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant: Costantino Lanzi. (Address) 928 Valley Street

15 Filed R 1 1 1926

C. HAMPSON JONES, M. D. Registrar

For RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17

I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 9, 1926.

that I last saw h alive on April 9, 1926.

and that death occurred, on the date stated above, at 7 A m

The CAUSE OF DEATH* was as follows:

Premature Separation of Placenta-Pregnancy, I

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Internal Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date April 9. Caesarian Section

Was there an autopsy? No

What test confirmed diagnosis? Clinical Ct. Date autopsy

(Signed) ....., M. D.

April 9, 1926 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 4/13 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Hanford Ave

FOR IS very important. See instructions on back of certificate.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09397 — 4-001 — E 09397

CERTIFICATE OF DEATH.

27-1474

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Birch ave near Fairview Ave St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Josephine Jenkins

(a) Residence No. Birch Ave near Fairview ave St., Overlea Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs 8mos ds. How long in U. S., If of foreign birth? – yrs. – mos. – ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Major A Jenkins

6-DATE OF BIRTH (month, day and year) Sept 21-1874

7-AGE. 51 yrs. 6 mos. 17 ds. If LESS than 1 day, – hrs. or – min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Geller.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York

12-MAIDEN NAME OF MOTHER, Sophia Sheppard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) George E. Shannon
(Address) 700 Fulton Ave

15- Filed APR 1 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 8-1926

17- I HEREBY CERTIFY, That I attended deceased from Mch 21, 1926 to April 8 1926 that I last saw h[illegible] alive on Apr 8 1926 and that death occurred, on the date stated above, at 5.50 p. m.

The CAUSE OF DEATH* was as follows:

1 Emphysema

(Duration) – yrs. – mos. 12 ds

CONTRIBUTORY (Secondary) Bronchitis acute

(Duration) – yrs. – mos. 18 ds.

18-Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Usual method

(Signed) George E. Shannon M. D.

4/8, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Cem — DATE OF BURIAL. Apl 11 1926

20-UNDERTAKER. Chenoweth & Son — ADDRESS 3617 Chestnut Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09398

CERTIFICATE OF DEATH.

129 E 09398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Bentalou ST. 15-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Auser Schulman

(a) RESIDENCE NO. 2018 Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Schulman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Diena Friedman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M J Schulman

(Address) 2018 Bentalou

15 Filed [illegible] 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/2 1926, to 4/10 1926,

that I last saw h[illegible] alive on 4/10 1926,

and that death occurred, on the date stated above, at 8 [illegible] a. m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

Arteriosclerosis —

(duration) yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. [illegible] mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremia + + +

(Signed) Dan Drucker, M. D.

4/10 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 4/11 1926

20 UNDERTAKER Sol Lenton & Bro

ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Bks.

E 09399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 129 E 09399

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U. S. Marine Hospital #6

CITY OF BALTIMORE: (No. Balt rd ST. 12-W WARD)

2-FULL NAME William Webb

(a) RESIDENCE No. Morehead City N.C ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) ~~unknown~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	62	-	-	

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of Industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Barge Northwest

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Thomas Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Elizabeth Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Self

(Address)

Filed R 1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1926, to April 8, 1926

that I last saw h~~e~~ alive on April 8, 1926,

and that death occurred, on the date stated above, at — 5 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis, parenchymatous

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Chemical findings, pathology and bacteriology

(Signed) W. R. Foster, M. D.

4/9, 1926 (Address) U S Marine Hospital #6

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemetery — DATE OF BURIAL 4/11 1926

20 UNDERTAKER Jos Johnson & Bro — ADDRESS 112 E Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09400

CERTIFICATE OF DEATH.

16 E 09400

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Herkimer St. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gitenis

(a) RESIDENCE. No. 1323 Herkimer ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): April 4, 1926

7 AGE — Years: — Months: 6 Days: 5 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: no

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Bronis Gitenis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Catherine Andrisunas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Bronis Gitenis
(Address): 1323 Herkimer St

15 Filed APR 1 1926, 19 HAMPSON JONES, M. D. Registrar
P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1926, to April 10, 1926

that I last saw her alive on April 9, 1926

and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Bruchmen, M. D.

, 19 (Address) 375 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 12, 26

20 UNDERTAKER: John A. Grehsouckas Jr — ADDRESS: 423 S. Paca St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09401

CERTIFICATE OF DEATH.

177E 09401

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Lafayette Ave. ST. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel M. Griffin.

(a) RESIDENCE NO 11 E. Lafayette Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of Aletha Griffin.

6 DATE OF BIRTH (month, day, and year) June 30, 1847

7 AGE — Years: 78 — Months: 9 — Days: 10 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter.
(b) General nature of industry, business, or establishment in which employed (or employer): 60 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

10 NAME OF FATHER: Caleb Griffin.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co. Md.

12 MAIDEN NAME OF MOTHER: Ellen Dwyer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co. Md.

14 Informant: Marie Scharper, (daughter)
(Address) 11 E. Lafayette Ave.

15 Filed 1 1926, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis.
Administered Tincture of Iodine in mistake for cough medicine.
Accidental. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. 2 mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

April 19, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Louis Cemetery Howard Co Md. — DATE OF BURIAL: April 12 1926

20 UNDERTAKER: Scott M. Starr — ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09402

CERTIFICATE OF DEATH.

100-001

E 09402
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Spruce ST. 21 WARD)

2-FULL NAME Anna J Summerfield

(a) RESIDENCE NO. 2012 Spruce ST., 21 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13th 1925

7 AGE — Years: — Months: 8 Days: 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos K J Summerfield
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Eva Dannemann
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr Jos K J Summerfield
(Address) 2012 Spruce St

15 Filed 1 1 1926 C. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1926, to April 10, 1926, that I last saw her alive on April 10, 1926 and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Dr. E. Fengler M. D.
4/10 1926 (Address) 1401 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: April 12 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87 E 09403

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1724 W Lexington ST. 19-1 WARD)

2-FULL NAME Sarah Ann Alder

(a) RESIDENCE NO. 1724 W Lexington ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Geo Alder

6 DATE OF BIRTH (month, day, and year): March 22, 1849

7 AGE — Years: 77 — Months: — — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Richard Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah A Amos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo W Alder

(Address): 1724 W Lexington St

15 Filed 1-7-1926 C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1926, to April 8, 1926

that I last saw her alive on April 8, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

4/10, 1926 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Black Horse Md

DATE OF BURIAL: 4/Nov 26

20 UNDERTAKER: Geo A Farley

ADDRESS: Linton & Fayette

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09404

CERTIFICATE OF DEATH.

74-001

74 E 09404

1-PLACE OF DEATH N. G.

CITY OF BALTIMORE: (No. 713 Gilmor ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Anna Johnson

(a) RESIDENCE NO. 713 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elijah P. Johnson

6 DATE OF BIRTH (month, day, and year): May 1866

7 AGE: 59 Years 5 Months 11 Days — If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Lee Minnie Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 INFORMANT: Mrs Emma Johnson

(Address) 713 Gilmor St

15 Filed ... 19 ... C. HAMPSON JONES, M. D.

1 T 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 21, 1926, to Apr. 8th 1926.

that I last saw h. W alive on Apr. 8th 1926

and that death occurred, on the date stated above, at 1 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) Asst Dell M. D.

4-8 1926 (Address) 713 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: St. Johns Calvert Co — DATE OF BURIAL: Apr 11 1926

20 UNDERTAKER: Sam'l M. Chase & Son — ADDRESS: 1400 Madison

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09405

CERTIFICATE OF DEATH.

101-001

E 09405

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 100 N. Collington Ave St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Lambert

(a) Residence No. 100 N. Collington Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write this word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lambert

6-DATE OF BIRTH (month, day and year) July 7 1855

7-AGE, 70 71 yrs. 9 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Conrad Lambert

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabet Lambert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mary Lambert

(Address) 100 N. Collington

15- Filed APR 1 1926 HAMPSON JONES, M. D. Registrar.

By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 9/1926

17- I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to April 9, 1926, that I last saw him alive on April 9, 1926, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Spark J. Ayd, M. D.

April 10, 1926 (Address) 200 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 13, 1926

20-UNDERTAKER Wendell Dysart Son — ADDRESS 375 N

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09406

CERTIFICATE OF DEATH.

38 E 09406

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 5-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hardy

(a) RESIDENCE No. 1425 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	32 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Joe Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Baltimore City Hospitals (Address) Records

15 Filed APR 1 1926 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 8, 1926, that I last saw him alive on April 8, 1926, and that death occurred, on the date stated above, at 800 m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) H Lindsay Miller M. D.

4/9/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery DATE OF BURIAL April 12 1926

20 UNDERTAKER Edward Bryan ADDRESS 1681 Orleans st

IMPORTANT—See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09407

CERTIFICATE OF DEATH.

44

E 09407

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1302 Argyle St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl M. Jones

(a) RESIDENCE No. 1302 Argyle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Jones

6 DATE OF BIRTH (month, day, and year) April 7 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) Md

PARENTS

10 NAME OF FATHER Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Henrietta Jones

(Address) 1302 Argyle Ave

15 Filed April 19, 1926 H. Hampton Jones, M.D. Registrar

Per RK

APR 17 1926

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Duration yrs. ½ mos. ____ ds.

CONTRIBUTORY (Secondary) L. Lampos

Duration yrs. 2 mos. 1 ds.

(Signed) H. C. Grady, M. D.

(Coroner)

April 8/26 (Address) 1436 Bush

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial April 11/26

20 UNDERTAKER Mrs. George K. Holland ADDRESS 1631½ Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09408

CERTIFICATE OF DEATH.

90 E 09408

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1409 Mc Culloh St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah F. Keeling

(a) Residence No. 1409 Mc Culloh St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: C

5-Single, Married, Widowed, or Divorced, (Write the word.): W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Keeling

6-DATE OF BIRTH (month, day and year): 1873?

7-AGE: 53? yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): 048

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Norfolk

PARENTS.

10-NAME OF FATHER: James Gray

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Windsor N. C.

12-MAIDEN NAME OF MOTHER: Angelina Wallace

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va.

14-

(Informant): Sadie E. Robinson

(Address): 839 Johnson ave Norfolk Va.

15-

FILED 1926 [illegible] Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 8 1926

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1926 to April 8, 1926

That I last saw h[illegible] alive on April 7, 1926

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) 3? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wright M. D.

April 9, 1926 (Address) 1209 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk, Va

DATE OF BURIAL: April 11, 1926

20-UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 D [illegible] ave

Spec.—1-12-23—M&T—500 Bks.

E 09409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 24 E 09409

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital 4H-1 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Freeman

(a) RESIDENCE NO. 2030 Druid Hill Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 25 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Lester Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mattie McQuay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Luke Freeman

(Address) 2030 Druid Hill Ave

15 Filed R 1-7 1926 H. HAMPSON JONES, M. D. Registrar

BK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 11, 1926.

that I last saw him alive on April 11, 1926.

and that death occurred, on the date stated above, at 6 40 a m.

The CAUSE OF DEATH* was as follows:

1 Meningococcic Meningitis

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron S. Tice M. D.

4/11, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem DATE OF BURIAL April 11 1926

20 UNDERTAKER Samuel Hawley ADDRESS 578 N Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09410

CERTIFICATE OF DEATH.

90E 09410

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2829 Remmington St. 12-2 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Cole

(Residence in Baltimore: No. 2829 Remmington ave 40 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1874 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): O.

9-BIRTHPLACE, (State or Country): Prince George co md

PARENTS.

10-NAME OF FATHER: Wm Brown

11-BIRTHPLACE OF FATHER (State or Country): md

12-MAIDEN NAME OF MOTHER: Clara Brown

13-BIRTHPLACE OF MOTHER (State or Country): md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cole

(Address) 2829 Remmington ave

15-

Filed APR 1 1926 191.. J. HAMPSON JONES, M. D.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 8 ....., 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Hampson Jones M. D. (Coroner)

4/1/26, 191.. (Address) 232 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Apr. 11 ..... 19 26

20-UNDERTAKER Mrs R. G. Elliott ADDRESS 13 Ashland ave.

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09411

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.H.) ST. WARD)

2-FULL NAME John Dobbins

(a) RESIDENCE NO. ? Druid Hill avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work dishwasher

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Tomb Dobbins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) UNKNOWN

14 Informant Hospital Records

(Address)

Filed 4 1 1926. C. HAMPSON JONES, M. D. Registrar

For RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to April 9, 1926, that I last saw h[illegible] alive on April 9, 1926, and that death occurred, on the date stated above, at 10.15 p.m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane M. D.

4-1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4/12 1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa

IMPORTANT: Fill out very carefully. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09412

CERTIFICATE OF DEATH.

118-001

E 09412

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 Bruce St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex Gantt

(a) RESIDENCE NO. 1011 Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
28	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant (Address) Alex Gantt Sr. 1011 N Bruce St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strang Hernia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G C Stadel M. D.

(Coroner)

Apr. 9 26 (Address) 943 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 4/12 1926

20 UNDERTAKER Paul Eastin — ADDRESS 916 Park Ave

very important. See instructions on back of certificate.

RECEIVED APR 12 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 09413

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Carolina St. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Coates

(a) RESIDENCE No. 17 N. Carolina St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 16/1882

7 AGE: Years 44 Months 2 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 670

(c) Name of employer: Various employers

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John L. Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tennytown Md.

12 MAIDEN NAME OF MOTHER: Hannah Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ellicott City Md.

14 Informant: Anna B Gibson

(Address) 2209 McElderry St

Filed 1 2 1926, 19 C. HAMPSON JONES, M. D. Per RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 7, 19 26, to April 8, 19 26,

that I last saw h[illegible] alive on April 8, 19 26,

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary): Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) RK Easterly, M. D.

, 19 (Address) 518 E. Balto St. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery

DATE OF BURIAL: April 10 26

20 UNDERTAKER: Milton Davis 3/6

ADDRESS: N Eden 87

20 TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09414

E 09414

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5075 Belnord St.. 12 WARD)

2-FULL NAME Victoria Jurkowska

(a) RESIDENCE NO. 5075 Belnord St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Jurkowski

6 DATE OF BIRTH (month, day, and year): 1871 - March

7 AGE — Years: 55 — Months: 1 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Michael Jurkowski 5075 Belnord ave

15 Filed: APR 12 1926 Per: C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-10 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/10 .1926. to 4-10 .1926.

that I last saw h[illegible] alive on 4-10 .1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration yrs. mos. ds.)

CONTRIBUTORY (Secondary) Arterial hypertension

yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Harold [illegible] M. D.

.1926 (Address) 3325 Oakdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: April 13 1926

20 UNDERTAKER: J. W. Ozazewski

ADDRESS: 1930 Eastern ave

FROM is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09415

CERTIFICATE OF DEATH.

16-001

E 09415

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Maternity St. WARD) 17-2

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Girl Fromm

(Residence in Baltimore: No. 207 Raynard Ave, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, April 9, 1926
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 1½ ds.

If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

PARENTS.

9-BIRTHPLACE, (State or Country), Franklin Sq Hosp

10-NAME OF FATHER, William A Fromm

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Davis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Franklin Sq. Hospital

(Address) 112 N. Calhoun St.

15-

Filed ....., 191.... Registrar.

C. HAMPSON JONES, M. D.

Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10 1926, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1926, to April 10 1926, that I saw her alive on April 10 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Impetigo

..... (Duration) ..yrs. ..mos. 1½ ds.

CONTRIBUTORY (Secondary) Respiratory Failure

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Thomas A. Jacobs M. D.

....., 191... (Address) Franklin Square Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. / ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel

DATE OF BURIAL, April 12, 1926

20-UNDERTAKER H J Marshall ADDRESS 3539 Fait Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09416

CERTIFICATE OF DEATH

90

E 09416

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Liberty ST., 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Kraft McNeil

(a) RESIDENCE NO. 214 N. Liberty ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? 50 yrs. 8 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. McNeil

6 DATE OF BIRTH (month, day, and year) July-16-1875

7 AGE Years 50 Months 8 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Candy

(c) Name of employer Elizabeth Kraft

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Daniel Dietrich Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Caroline Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Pa

14 Informant Wm. Wm. A. McNeil (Husband)

(Address) 214 N. Liberty St.

15 Filed APR 12 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-9 1926 to 4-10 1926

that I last saw her alive on 4-10 1926

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured cauliflower is mitral regurgitation induced by acute indigestion

(duration) 4 or 5 hrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Henry Cassell, M. D.

(Address) 3902 Gralland Ave 4-10 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL Apr 13 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

100-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09417
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 09417.
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1207 Laurens ST. 16-6 WARD)

2-FULL NAME Constantine Stavropoulos

(a) RESIDENCE NO. 1207 Laurens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10-1923

7 AGE — Years: 2 — Months: 6 10 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: George Stavropoulos
11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece
12 MAIDEN NAME OF MOTHER: Sophia Karangflen
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greece

14 Informant: George Stavropoulos
(Address): 1207 Laurens St

15 Filed 2 1926, 19.. C. HAMPSON JONES, M. D. Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 4, 1926, to Apr 10, 1926,
that I last saw him alive on Apr 9, 1926,
and that death occurred, on the date stated above, at 4 30 A.M.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia

(duration) yrs. mos 14 ds.
CONTRIBUTORY (Secondary) Heart failure
(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) John Rubsch, M. D.
(Address) 4 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: 4-13-1926

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins

ATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 09418 ??

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09418

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Chilton ST. 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hettie M. Heede

(a) RESIDENCE No 1624 Chilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) ~~WIFE~~ of Peter J. Heede

6 DATE OF BIRTH (month, day, and year) July 8-1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Christian Ramsler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Rose J. Heede

(Address) 1624 Chilton st.

15 Filed APR 12 1926 19 C. HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-1926

17 I HEREBY CERTIFY, That I attended deceased from 4-1-1926 to 4-9-1926.

that I last saw her alive on 4-9-1926.

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

~~What test confirmed~~ diagnosis?

(Signed) t. H Hermann, M. D.

4/10 26 (Address) 1913 E Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem. DATE OF BURIAL Apr 12 1926

20 UNDERTAKER Wm G. Black ADDRESS 927 N. Broadway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14-5-003

E 09419

CERTIFICATE OF DEATH.

E 09419

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 221 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mary Louise Shipley

(a) Residence No.... 522 S. Sharp St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas Shipley

6-DATE OF BIRTH (month, day and year) Jan. 2, 1894

7-AGE. 32 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country), Penna.

PARENTS.

10-NAME OF FATHER, William Haas

11-BIRTHPLACE OF FATHER (city or town)..... Baltimore
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Louise Blanchard

13-BIRTHPLACE OF MOTHER (city or town). Baltimore
(State or Country), Md.

14- (Informant)... William Thomas Shipley

(Address).... 509 S. Pulaski St.

15- Filed..... 192.....

C. HAMILTON JONES, M. D.
Registrar.

APR 12 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 8, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 4 1926 to April 8 1926

that I last saw her alive on April 8 1926

and that death occurred, on the date stated above, at 10^00 P.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Pregnancy Spontaneous premature labor on April 7th

(Duration) yrs. mos.

18-Where was disease contracted if not at place of death? 522 S Sharp St

Did an operation precede death? No Date of .....

Was there an antopsy? Yes

What test confirmed diagnosis? Phys. Exam and autopsy

(Signed) Frederick A Snyder M. D.

April 8 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Hamden DATE OF BURIAL. April 12 1926

20-UNDERTAKER Chas H Stevens ADDRESS 1501 Park Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09420

CERTIFICATE OF DEATH.

129 E 09420

1-PLACE OF DEATH 1636 Jackson St

CITY OF BALTIMORE: (No.) ST. 24-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Hemerick

(a) RESIDENCE NO. 1636 Jackson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Susanne Hemerick

6 DATE OF BIRTH (month, day, and year): July 6, 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
64	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bavaria (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Barnett

(Address) 1636 Jackson St

Filed APR 12 1926, 19 ... HARRISON JONES, M. D.

By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1926, to April 10, 1926, that I last saw him alive on April 9, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (left), chronic nephritis with hypertension, arteriosclerosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema & uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

, 19 (Address) 3034 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

20 UNDERTAKER: Chas. L. Stevens

DATE OF BURIAL: April 14 1926

ADDRESS: 1506 E Fort Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 09421

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospital (ST.) ..... (WARD) 23

2-FULL NAME Joseph Bernier

(a) RESIDENCE (Usual place of abode) NO. 104 N Bentalou ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A Bernier

6 DATE OF BIRTH (month, day, and year) Sept 11 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Julius Bernier

11 BIRTHPLACE OF FATHER (city or town) France (State or country)

12 MAIDEN NAME OF MOTHER Mary Krepp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Margaret A. Bernier

(Address) 104 N Bentalou St

15 Filed APR 12 1926 19 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from April. 1, 1926. to April. 10 1926.

that I last saw him alive on April 9. 1926.

and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Urinary Bladder

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopy

(Signed) Dr. [illegible] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL April 13 1926

20 UNDERTAKER Geo W Little — ADDRESS 3700 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09422

CERTIFICATE OF DEATH.

90-4 90

E 09422 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. ST. 90-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm T Hackett

(a) RESIDENCE NO. 2569 N. Lombard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Hackett

6 DATE OF BIRTH (month, day, and year) Jan 16 1865

7 AGE Years 61 Months 1 2 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock yard

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Rufus Hackett

11 BIRTHPLACE OF FATHER (city or town) West Virginia (State or country)

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) West Virginia (State or country)

14 Informant Wm Hackett (Address) 2569 N. Lombard St

Filed APR 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-8 1926 to 4-9 1926

that I last saw him alive on 4-9 1926

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease chronic bronchitis, chronic valvular disease

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary or pulmonary thrombosis? (duration) 3 hours

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leo A Stewart M. D.

(Address) 242 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park cemetery DATE OF BURIAL April 12 1926

20 UNDERTAKER F. D. Wiesent ADDRESS 1850 N. Rolls Ln

IMPORTANT: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

69423. 1926 63

E 09423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09423

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 601 Ravenswood Ave, Govans ST. WARD) 27-17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C. Ruffhead

(Residence in Baltimore: No. 601 Ravenswood Ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 27 (Day), 1863 (Year)

7-AGE, 63 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chief Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Civil Service

9-BIRTHPLACE, (State or Country), Berkshire Eng.

PARENTS.

10-NAME OF FATHER, Thomas Ruffhead

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Susannah Ashby

13-BIRTHPLACE OF MOTHER (State or Country), Susannah Ashby England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Charlotte C. Ruffhead

(Address) 601 Ravenswood Ave.

15-

Filed ....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl (Month) 10 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 9 1926, to Ap 10 1926, that I saw him alive on Apl 10 1926, and that death occurred, on the date stated above, at 1 A.M. p.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 7 yrs. ....mos. ....ds.

(Signed) Geo. H. Stockman M. D.

....., 191... (Address) 5535 York Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Liberty Cemetery DATE OF BURIAL, April 12 1926

20-UNDERTAKER John C. Mitchell ADDRESS 201 N. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09424 E 09424

CERTIFICATE OF DEATH.

× 118 002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mildred Baugher

(a) RESIDENCE NO. Catonsville, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of E. A. Baugher

6 DATE OF BIRTH (month, day, and year) Sept 6 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant E. A. Baugher

(Address) Hospital, Catonsville Md.

15 Filed APR 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1926, to April 11, 1926, that I last saw her alive on April 11, 1926, and that death occurred, on the date stated above, at 9:14 a. m.

The CAUSE OF DEATH* was as follows:

Pelvic abscess with partial intestinal obstruction

(duration) yrs. mos 42 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of (2-22-26) (4-7-26)

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Operation.

(Signed) Thos. W. Dorsey Jr., M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid-Ridge

DATE OF BURIAL Apr 13 1926.

20 UNDERTAKER John-O-Mitchell

ADDRESS 1201 W. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09425

CERTIFICATE OF DEATH.

E 09425
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 76-1 WARD

CITY OF BALTIMORE: (No. [redacted] ST.,

2-FULL NAME John P. Spies

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	71	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..., 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1925 to April 10 1926.

that I last saw him alive on April 10 1926.

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller M. D.

4/10 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL April 13 1926

20 UNDERTAKER, H. M. Cook ADDRESS 502 York Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 09426 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09426

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city hospitals ST., 2-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Durham

(a) RESIDENCE NO. 3810 Main Ave. (Hamilton) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Durham

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Durham

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed Apr 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to April 9, 1926, that I last saw him alive on April 9, 1926, and that death occurred, on the date stated above, at 6 15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Wm. Lane Jr, M. D.

4-9-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL Apl 12 1926

20 UNDERTAKER J. M. Cook — ADDRESS 532 E Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1133 Valley St — D.J. Warner — 1140 N. Bidell

E 09427 (627)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-E 09427

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 18-2 WARD)

2-FULL NAME Charles Townsend.

(a) RESIDENCE NO. Preston & Valley 2½ ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Townsend

6 DATE OF BIRTH (month, day, and year) Jan 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Carrie Co
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas Townsend

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ogborn

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Sister Florence

(Address) Preston & Valley

15 Filed APR 2 1926, 19

C. HAMPSON JONES, M. D.
Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17 I HEREBY CERTIFY, That I attended deceased from No record, 19, to, 19,

that I last saw him alive on April 4, 1926,

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

April 10, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	12 Apr 1926

20 UNDERTAKER Wm. Cook

ADDRESS 502 E Madison

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09428

CERTIFICATE OF DEATH.

E 09428

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST.) 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Gossman

(a) RESIDENCE No. 1709 Jefferson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Gossman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Teresa Hohlmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Baltimore City Hospitals Records (Address)

15 Filed APR 12 1926 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28 1925 to April 10 1926 that I last saw him alive on April 10 1926 and that death occurred, on the date stated above, at 9 8 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension ?

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? laboratory

(Signed) J. Lindsay Wolf M. D.

4/11 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Apr 14 1926

20 UNDERTAKER W. C. Cook — ADDRESS 502 Hoodlane

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09429

CERTIFICATE OF DEATH.

E 09429
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1250 Mc Elderry St., (Ward)

2-FULL NAME Mary Mason

(a) RESIDENCE NO. 1250 McElderry St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed or divorced HUSBAND) of (or) WIFE of: Philip Mason

6 DATE OF BIRTH (month, day, and year): July 11th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John W Lowery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Bermonda McKinley

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Washington D.C.

14 Informant (Address): Urban P. Mason 1250 Mc Elderry

15 Filed APR 12 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st 1926 to April 8 1926 that I last saw her alive on April 8 1926 and that death occurred, on the date stated above, at 1150 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Valv. Endocarditis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No State of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Hopkins Burke M.D.

4/9 1926 (Address) 2644 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: April 12 1926

20 UNDERTAKER: William Cook

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 09430

CERTIFICATE OF DEATH.

E 09430

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 Elliott St - St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Susan Spencer

(a) RESIDENCE NO. 311 Elliott St. Ward 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Williams.

6 DATE OF BIRTH (month, day, and year): April 27 1863

7 AGE — Years: 63 — Months: 11 — Days: 15 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) England

10 NAME OF FATHER Wm H Rabbitt

11 BIRTHPLACE OF FATHER (city or town):

(State or country) England

12 MAIDEN NAME OF MOTHER Mary Cox

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) England

PARENTS

14 Informant Williams Spencer

(Address) 311 Elliott St

15 Filed ..... 19..... C. HAMPDEN JONES, M. D. Registrar

PRT 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

April 11 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 10, 1926,

that I last saw her alive on April 10, 1926,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromshad, M. D.

4-11-26 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Apl 13 1926

20 UNDERTAKER — ADDRESS

William Cole 502 E Lan

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

9064 E 09431

HEALTH DEPARTMENT—CITY OF BALTIMORE

Ped

+ 84 E 09431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 71 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Carpenter

(a) RESIDENCE NO. New Market ST., Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9 1922

7 ~~AGE~~	Years	Months	Days	If LESS than 1 day, hrs. or min.
3	3 yrs.	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Grover M. Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Kate Mumbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records JOHNS HOPKINS HOSPITAL

(Address)

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Apr 6, 1926, to Apr 11, 1926.

that I last saw h[illegible] alive on Apr. 11, 1926,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, benign

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Yes. Date of Apr 9/26

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) J. C. Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Market — DATE OF BURIAL 4-13 1926

20 UNDERTAKER W. E. Falconer — ADDRESS New Market

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09432

CERTIFICATE OF DEATH.

105 E 09432

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Cohen

(a) RESIDENCE NO. 115 Aisquith St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Cohen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 91 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balt St

C. HARRISON BOND, M. D.

15 Filed APR 12 1926 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 - 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10th 1926 to April 11th 1926, that I last saw h. alive on April 10 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Lewin, M. D.

4-11, 1926 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 4/12 1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balt St

IF DEATH IS FROM VIOLENCE, so that it may be properly classified, FULL STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09433

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dora. Zukerberg

(a) RESIDENCE NO. 822 Druid Hill Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Zukerberg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sam Zukerberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fegie Selver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Louis (Address) 1429 E. Baltimore St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 10, 1926, to Apr 12, 1926, that I last saw her alive on Apr 12, 1926, and that death occurred, on the date stated above, at 6:40 A m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal meningitis (pneumococcus)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Lab. + clinical.

(Signed) Dorothy A Lopez, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

DATE OF BURIAL 4/14 1926

20 UNDERTAKER Jack Louis

ADDRESS 1429 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09434

CERTIFICATE OF DEATH.

E 09434

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 26-7 ST., WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Weeks

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Taylor Weeks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) not known

12 MAIDEN NAME OF MOTHER Alice Banks

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) not known

14 Informant City Hospital Records
(Address) Baltimore Md

15 Filed APR 12 1926 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to April 9, 1926.

that I last saw her alive on April 9, 1926.

and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Senility

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Lineweaver M. D.

4.10, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL April 13 1926

20 UNDERTAKER John H Owens

ADDRESS

TION is very important. See instructions on back of certificates.

E 09435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 09435 Registered No. C.....

1-PLACE OF DEATH: Found at Appleton & McHenry 204 (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. ..... St. ..... Ward)

Died on Arrival at Franklin Square Hospital

2-FULL NAME: Louis Lee George Puepke

(Residence in Baltimore: No. 2646 Dulaney St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Feb 16 (Month) (Day) 1887 (Year)

7-AGE: 39 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Bartlett Hayward Co

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Robert Puepke

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Emelie Rochel

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Puepke

(Address) 2646 Dulaney St.

15- Filed APR 12 1926 Registrar: HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr 7 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. at once ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.
(Coroner)

Apr 12 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: April 12 1926

20-UNDERTAKER: Chas. W. Dill ADDRESS 3109 Fredk. Ave.

It is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09436

61 ~ E 09436

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 259 East St St. 5-2 Ward)

2-FULL NAME Mary Buchenn

(a) RESIDENCE NO. 259 East St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 13 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 26/25

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Buchenn

11 BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER: Rosa Maroto

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant: Joseph Buchenn

(Address) 259 East Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

R 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 19 26.

17 I HEREBY CERTIFY, That I attended deceased from April 1 1926, to April 10, 1926, that I last saw h.. alive on April 10, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Jas. W. Comrade M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: April 13 1926

20 UNDERTAKER: Grant Evans & Sam ADDRESS: 1906 Eastlander

OF DEATH in plain terms, so that it may be properly classified. Erase Statement of Occupation if very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09437.

E 09437.

CERTIFICATE OF DEATH.

VIER 6E-L

REGISTERED NO. 1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Bartell or Bertell

(a) RESIDENCE NO. Hoffman House – Camden & Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17 = 1887-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
39 yr.	38	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Bartell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Abair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Baltimore City Hospitals Records

(Address) C. HARRISON JONES, M. D.

15 Filed APR 12 1926 By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1923, to April 10, 1926, that I last saw h- alive on April 10, 1926, and that death occurred, on the date stated above, at 2:40 P m.

The CAUSE OF DEATH* was as follows:

Huntington's Chorea

(duration) 3 (History) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) W. Lindsay Miller, M. D.

4/11, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 4/13/26

20 UNDERTAKER Bro. Reber, Bon 2503 — ADDRESS Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09438 E 09438

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1912 W. Baltimore St

CITY OF BALTIMORE: (No.) 1912 W. Baltimore St. (Ward) 20-5 546 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Corman

(a) RESIDENCE NO. 1912 W. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: George Corman

6 DATE OF BIRTH (month, day and year): Nov 1844

7 AGE — Years: 81 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Isaac Erlser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore and

12 MAIDEN NAME OF MOTHER: Sarah Corygne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore and

14 Informant (Address): George Corman 1912 W. Baltimore St.

15 Filed APR 12 1926 Registrar

H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925, to Apr 10, 1926.

that I last saw h alive on Apr 10, 1926.

and that death occurred, on the date stated above, at 7:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Vagina & uterus from history 2 yrs

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Carcinoma Vagina & uterus (duration) about 2 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) Walter Dubler M. D.

4/13/26 (Address) 2220 Barrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: April 13 1926

UNDERTAKER: Chas. L. Black ADDRESS: 742 W. North ave

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09439

CERTIFICATE OF DEATH.

43

E 09439

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 675 Washington Blvd. St. 27-1 Ward)

2-FULL NAME August C. Guental

(a) RESIDENCE NO. 675 Washington Blvd. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Fitzgerald Guental

6 DATE OF BIRTH (month, day, and year): September 1867

7 AGE: Years 58 | Months 7 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector B

(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Henry Guental

11 BIRTHPLACE OF FATHER (city or town): germany

(State or country)

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town): germany

(State or country)

14 Informant: Mrs. august Guental

(Address): 675 Washington Blvd.

15 Filed.....19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9- 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1926, to Apr. 9, 1926, that I last saw h__ alive on Mar. 29, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Left Lower Jaw

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of 1925

Was there an autopsy?

What test confirmed diagnosis? Pathological Exam

(Signed) J M Dolan, M. D.

April, 19 (Address) 624 No Luzerne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Park. St. Pauls Cem. Date of Burial: April 12 1926

20 UNDERTAKER: Margaret H. Flynn ADDRESS 1422 Light St.

OF DEATH in plain terms, so that it may be properly classified. Cause of death must be stated. Occupation is very important. See instructions on back of certificates.

R 4 1926

G. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 09440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-25

E 09440

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1905 Orleans ST. (WARD) 6

2-FULL NAME John Wallace Burns.

(a) RESIDENCE NO. 1905 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19-1924

7 AGE — Years: 2 — Months: 2. — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter L Burns.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Emma Wicklein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Walter L. Burns 1905 Orleans St

15 Filed APR 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to April 10, 1926, that I last saw h[illegible] alive on April 9, 1926, and that death occurred, on the date stated above, at 5:15 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic Fever

(duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Cantl M. D.

April 11, 1926 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine County — DATE OF BURIAL: Ap 12 1926

20 UNDERTAKER: Geo. C. Mullerton — ADDRESS: 2[illegible] Dyer

HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Lyon

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 09441

CERTIFICATE OF DEATH.

REGISTERED No. **09441**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 1713 WARD)

2-FULL NAME Abraham Lyon

(a) RESIDENCE NO. 655 W Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced (write word): Widower

5a If married, widowed, or divorced HUSBAND of Elizabeth Lyon (or) ~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) Jan 16 1851

7 AGE: Years 75 Months 3. Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rochester Kent England

PARENTS

10 NAME OF FATHER Simon Lyon

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 ~~MAIDEN~~ NAME OF MOTHER Hannah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. J. Goldman

(Address) 622 Aisquith St

15 Filed APR 1-2 1926 C. HAMPSON JONES, M. D. Registrar

P. F. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1926 to April 11, 1926

that I last saw him alive on April 11, 1926

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) L. Marcuse, M. D.

, 19 (Address) 1 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cemetery — DATE OF BURIAL April 13 26

20 UNDERTAKER J. Schnarr Co — ADDRESS 3314 Penna. Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09442

HEALTH DEPARTMENT—CITY OF BALTIMORE

14 E 09442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 19-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jeannette Tebbs

(a) RESIDENCE NO. 349 S Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stuart Tebbs

6 DATE OF BIRTH (month, day, and year): Sept. 13th 1906

7 AGE: Years 19 Months 1-6 Days 29 28th

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John. Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore.

12 MAIDEN NAME OF MOTHER: Virginia Baxter.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. md.

14 Informant: Mr. Stuart Tebbs

(Address): 349 S. Mount St.

15 Filed , 19 Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-13 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4-5 , 19 26 to 4-13 , 19 26 ,

that I last saw h alive on 4-13 , 19 26 ,

and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

Broncho pneumonia

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4-7-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis A. Ellis , M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: April 15th 1926.

20 UNDERTAKER: Edw. G. Lawson & Son

ADDRESS: 701 Fulton Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 09443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09443

CERTIFICATE OF DEATH.

REGISTERED NO. 1529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pk Hyts Ave & 7 Mile Lane ST. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stout

(a) RESIDENCE NO. Pk Hyts Ave & 7 Mile Lane ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 11, 1926

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 3 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm P. Stout

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Anna B Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Wm P. Stout

(Address) Pk Hyts Ave & 7 mile Lane

15 Filed ... 1926 C. HAMPSON JONES, M. D., Registrar

By ... Pk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to ... 19...

that I last saw h[illegible] alive on April 11, 1926

and that death occurred, on the date stated above, at 8.28 a m.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus

(duration) yrs. mos. 37 min ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. M. O'neill M. D.

4/11, 1926 (Address) 108 N. Bolton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Apr 12 1926

20 UNDERTAKER: John F Cowan & Son ADDRESS: [illegible]

By John F Cowan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Information of importance TION is very important. See instructions on back of certificates.

R 1 2 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09444

CERTIFICATE OF DEATH

1132

E 09444

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 9 WARD)

2-FULL NAME David Clark.

(a) RESIDENCE NO. 914 E. 29th St ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E Clark

6 DATE OF BIRTH (month, day, and year) July 4, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	82	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship caulker

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ....
(State or country) Unknown

14 Informant James J Humphrey
(Address) 614 E 29th St

15 Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 29 1926 to Apr. 10th 1926

that I last saw h[illegible] alive on Apr. 10 1926

and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Bladder Stones

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? yes Date of Apr. 6th

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm Boyd, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	April 13 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09445

CERTIFICATE OF DEATH.

15-11 101-021

1-PLACE OF DEATH Colonial Hosp

CITY OF BALTIMORE: (No. 1126 N. Mount ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry McCartney

(a) RESIDENCE NO. 2109 Herbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	14/5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Roofer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph McCartney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Sadie McCartney

(Address) 2109 Herbert St

15 Filed APR 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to April 11, 1926, that I last saw him alive on April 11, 1926, and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
- middle & Lower Lobes
of R. Lung.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Moore, M. D.

, 19 (Address) 1126 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: April 13 1926

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins

FROM IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 10-1 WARD)

2-FULL NAME Sarah Bennett. (Walter Hospital)

(a) RESIDENCE NO. St Francis Convent ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

117 E 09446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Olated 065

(b) General nature of industry, business, or establishment in which employed (or employer) St Francis Convent

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER John Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant St Joseph Hospital (Address)

15 Filed APR 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 19 26

17

I HEREBY CERTIFY, That I attended deceased from 4/3, 19 26, to 4/8, 19 26,

that I last saw her alive on 4/5, 19 26,

and that death occurred, on the date stated above, at 7 40 P m.

The CAUSE OF DEATH* was as follows:

Acute suppurative appendicitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted ____ if not at place of death? ____

Did an operation precede death? Yes Date of 4/3/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Frances E Keenan, M. D.

4/8, 19 26 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 13 1926
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Ashland Av

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr. Neer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09447.

CERTIFICATE OF DEATH.

90 E 09447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 S. Kenwood Ave ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Justine Mundt

(a) RESIDENCE NO. 902 S. Kenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. Mundt

6 DATE OF BIRTH (month, day, and year) Jan. 24. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	76	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Kleinschmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Elizabeth Mundt (Address) 520 S. Curley St

15 Filed APR 12 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15 1926 to Apr. 10 1926.

that I last saw h e alive on " 9 1926.

and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis. Heart

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Keller M. D.

4/12/26 (Address) 408 S. Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Cemetery — DATE OF BURIAL: Apr. 13 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St.

CAUSE OF DEATH to plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09448

181-001

CERTIFICATE OF DEATH.

E 09448

5-1

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 N. Front St St._____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Magenta

(a) RESIDENCE NO. 207 Wpu N.Front St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Mar 28/26

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Palto, Md

(State or country)

PARENTS

10 NAME OF FATHER Charles Magenta

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Carmella Carbone

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Mrs. C. Magenta

(Address) 207 N. Front St

15 Filed _____ 19____ Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Has Asphixiation

(Leaky Gas Jet)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Patten, M. D.

(Coroner)

4/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 4/12 1926

20 UNDERTAKER Leo J Ruth ADDRESS 1735 Harford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09449

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Maryland St., 17-3 WARD)

2-FULL NAME Mrs Florence Stewart

(a) RESIDENCE NO. 2606 Maryland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 44 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stewart

6 DATE OF BIRTH (month, day, and year) Mch 22nd 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) London (State or country) England

PARENTS

10 NAME OF FATHER Alfred E. George

11 BIRTHPLACE OF FATHER (city or town) London (State or country) Eng.

12 MAIDEN NAME OF MOTHER Charlotte J. Wilson

13 BIRTHPLACE OF MOTHER (city or town) London (State or country) Eng.

14 Informant Sister (Address) 2606 Maryland Ave

15 C. HAMPSON JONES, M. D. ..., 19... Registrar

APR 12 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1926, to Apr 11, 1926, that I last saw h[illegible] alive on Apr. 11, 1926 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs & Jaundice

Med Day 12 hours

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Old Val Hunt Dis & Diabetes (duration) 3 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Unavailable

(Signed) E. L. Jones, M. D.

Apl 11, 1926 (Address) 1625 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Apl 14 1926

20 UNDERTAKER Chenoweth Son — ADDRESS 961 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09450

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH Balto Cor Payson Sts

CITY OF BALTIMORE: (No. German Ages Home ST. 10-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Weber

(a) RESIDENCE. NO. German Ages Home ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Frederick Weber

6 DATE OF BIRTH (month, day, and year): Apr. 4 1851

7 AGE: Years 75 Months — Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: William Stuerm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fredericka Starr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records German Ages Home

(Address) Balto Cor Payson Sts.

Filed APR 12 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 10 1926

17

I HEREBY CERTIFY, That I attended deceased from 1925 . 19 . to 4/10/26 . 19 .

that I last saw h[illegible] alive on 4/9/26 . 19 .

and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

4/11. 1926 (Signed) John A Hampson M. D

(Address) 1813 N. Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Apr 13 "26

20 UNDERTAKER: Joseph B. Cook ADDRESS: 1003 N. Gay St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC[illegible]

TION is very important. See instructions on back of certificates.

1

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09451

90 E 09451

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 33 Christian ST., 90-6 WARD)

2-FULL NAME Louis Lipsz

(a) RESIDENCE NO. 25-33 Christian ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of Leonard Lipsz

6 DATE OF BIRTH (month, day, and year) August 11-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Christian Plaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Leonard Lipsz 2533 Christian Ave

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to April 10, 1926, that I last saw h[illegible] alive on April 9, 1926 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hemiplegia. Left side.
Endocarditis

(duration) 10 yrs 0 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Robert E. Kitchen, M. D.

April 10 1926 (Address) 2151 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet, Loslyn Md. DATE OF BURIAL Apr. 13 26

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W Baltimore St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09452 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09452

CERTIFICATE OF DEATH. X 172

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Mercy Hospital ST. 4-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cookman Howard.

(a) RESIDENCE NO. Kitzmiller Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 2 1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer J. H. Fisk & Co

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James M. Howard

11 BIRTHPLACE OF FATHER (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Virginia Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant Mercy Hosp. Records (Address) E & Monument-Lic Lexington Sts

15 Filed 6 1926 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 3 . 1926 . to April 12, . 1926.

that I last saw him alive on April 12, . 1926

and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Sarcoma Pancreas

(duration) 2 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) . M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Piedmont W. Va. DATE OF BURIAL 4-12-26

Wm. J. Pickens & Sons ADDRESS North Penna Ave

C. HAMILTON JONES

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09453

E 09453

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 23-1 WARD)

2-FULL NAME Riva Tolson or Tunstall

(a) RESIDENCE NO. 1100 Eadenhall ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Isaac Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Betsy Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Baltimore City Hospitals Records (Address)

15 4 12 1926 C. HAMPSON JONES, M. D. Registrar

Per ACS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1926

17 I HEREBY CERTIFY, That I attended deceased from March 17 1926 to April 8 1926,

that I last saw him alive on April 8 1926

and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis failure 3 (History)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

4/9/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Gtn. | DATE OF BURIAL: 1926

20 UNDERTAKER: Mrs. Geo. Woods | ADDRESS: 20 C 11 Lanvale St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E [illegible]454 — E 09454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 21 WARD)

REGISTERED NO. 100201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wilbrandt

(a) RESIDENCE NO. 927 E Lombard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): ~~Single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years 76 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Window Cleaner 086

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Wash. D.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

15 Filed 1 2 1926 — G. HAMPSON JONES, M. D., Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 11 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-9, 1926, to 4-11, 1926,

that I last saw h[illegible] alive on 4-11, 1926

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C — DATE OF BURIAL: 4/12/26

UNDERTAKER: Emp of Finley Sutton & Laycock — ADDRESS

TION is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 09455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2619 Greenmount St. 93 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Washington Irving Walsh

(a) Residence No. 2619 Greenmount Ave St. ..... Ward .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 26 1858

7-AGE. 68 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Locksmith & Bell

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Petersburg Va

PARENTS

10-NAME OF FATHER. John Walsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Mary Tucker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14- (Informant) Edw L Walsh

(Address) 1220 Ludlow

15- Filed APR 12 1926 C. HAMPSON JONES, M. D., Registrar. Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10/26

17- I HEREBY CERTIFY, That I attended deceased from April 21 1926 to April 10 1926

that I last saw h.. alive on April 10 1926

and that death occurred, on the date stated above, at 11 PM

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. 6 mos. ..... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Claude M. D.

April 11 1926 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: A. M. 10 1926

20-UNDERTAKER: Harry W. Ellen — ADDRESS 1914 W. Northern

In plain terms, so that it may be properly classified. Every statement of cause of death must be supported by the instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

09456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09456

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 Spalding Ave | WARD 53)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Willis

(a) RESIDENCE NO. 141 Spalding Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene Willis (dec'd)

6 DATE OF BIRTH (month, day, and year): Feb 13 1855

7 AGE: Years 71 Months 2 Days 28

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Campbell Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Cunz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Nellie D. Marks

(Address): 141 Spalding Ave

15 APR 12 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from about 6 mos, ago 19 . to April 11 1926,

that I last saw h alive on April 11 1926,

and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

about 1 yr. mos. ds.

(duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs and symptoms

(Signed) J. F. Schmidt, M. D.

April 12, 1926 (Address) 2226 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Apr 14 1926

20 UNDERTAKER: for Jourdens Son — ADDRESS: 2178 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 09457.

CERTIFICATE OF DEATH.

100-001

E 09457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1462 Montpelier ST. 9-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Gardner

(a) RESIDENCE NO. 1462 Montpelier ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 28 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER John R. Gardner

11 BIRTHPLACE OF FATHER (city or town) Somerset Co (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lucy J. Muir

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant John R. Gardner. (Address) 1462 Montpelier ST.

15 Filed APR 12 1926 G. HAMPSON JONES, M. D. Registrar

By ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to April 17, 1926

that I last saw h alive on April 17, 1926

and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(over)

(duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? Yes

What test confirmed diagnosis? ✓

(Signed) Ralph Leitch M. D.

, 19 (Address) 26 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Venton Somerset Co. Md. DATE OF BURIAL 4/17 1926

20 UNDERTAKER Hughes & Jones Inc ADDRESS 42nd & Parkdale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 12 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09458

CERTIFICATE OF DEATH

1001
100E 09458

1-PLACE OF DEATH

City of BALTIMORE: (No. 40 r Grindall St., 24-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael L. Lycett

(a) RESIDENCE NO. 40 r Grindall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1, 1925

7 AGE — Years | Months: 9 | Days: 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Walter Lycett

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Elizabeth Lycett

(Address) 40 r Grindall St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

4. 11. 26

17

I HEREBY CERTIFY, That I attended deceased from 4. 2. 26, 19..., to 4. 11. 26, 19...,

that I last saw him alive on 4. 11. 26, 19...,

and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physical exam.

What test confirmed diagnosis?

(Signed) J. Edward Norris, M. D.

4.17, 1926 (Address) 107 E west St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Date of Burial: Apr. 13 1926

20 UNDERTAKER: Margaret S. Flynn ADDRESS: 1412 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 12 1926

C. Hanson Jones, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09459

CERTIFICATE OF DEATH.

44 E 09459

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 E. Birkhead St. 77K Ward)

2-FULL NAME William H. McCambridge

(a) **RESIDENCE NO.** 35 E. Birkhead St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15. 1870

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
55	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER Harry McCambridge

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. McMahon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Floyd

(Address) 35 E. Birkhead St.

15 Date 12 1926

16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to April 12 1926,

that I last saw h.. alive on April 12 1926,

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY Gastric Carcinoma (Secondary)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Whelan, M. D.

4/12, 1926 (Address) 1799 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial April 14. 26

20 UNDERTAKER Margaret A. Floyd ADDRESS 1422 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09460

E 09460

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 6 Churchmans Road ST. 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Rosaline Eisenbrandt

(a) RESIDENCE No. 6 Churchmans Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 30 1871

7 AGE — Years: 54 Months: 6 Days: 11 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of Industry, business, or establishment in which employed (or employer): Nurse 000

(c) Name of employer: Nurse

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry R. Eisenbrandt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Hannah C. Reid

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Edw. R. Eisenbrandt 6 Churchmans Road

15 Filed APR 13 1926 (19) HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to April 11 1926.

that I last saw her alive on April 10 1926

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Fundus and surrounding tissues

(duration) about 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Carcinoma Fundus

(duration) about 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of in 1925

Was there an autopsy? no

What test confirmed diagnosis? Physical + Laboratory

(Signed) W S Rublee M. D.

April 11 1926 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: April 13 1926

20 UNDERTAKER: H. J. Eckenrode Sons

ADDRESS: North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09461 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09461
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2913 (Street) Chelsea Terrace (WARD) 15-4 90

2-FULL NAME John Boyland

(a) RESIDENCE No. 2913 (Usual place of abode) Chelsea Terr ST., WARD

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Viola Boyland

6 DATE OF BIRTH (month, day, and year) Apr 6 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Credit Mgr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Amer. Sugar Refining Co.

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER Wm Boyland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Rebecca Wooters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mrs Mary Viola Boyland

(Address) 2913 Chelsea Terrace

15 Filed APR 13 1926 T. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1925 to April 10 1926.

that I last saw him alive on April 10 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular disease, hypertensive type, Aortic Regurgitation, Mitral insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral embolism X Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank F. Hillis, M. D.

19 (Address) 2938 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Peace Cem. Phila Pa	Apr. 12, 26

20 UNDERTAKER	ADDRESS
Wm Hickner Sons	North & Pa

IMPORTANT—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09462

CERTIFICATE OF DEATH.

74-001

E 09462

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Carrollton Ave WARD 7)

2-FULL NAME Jessie Augusta Robinson

(a) RESIDENCE (Usual place of abode) No. 604 N. Carrollton Ave St., WARD

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1888

7 AGE — Years: 37 — Months: 7 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): a. a. Co. Md.

PARENTS

10 NAME OF FATHER: Cyrus Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ida E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Ernest E. Robinson

(Address) Catonsville Md.

15 [illegible] 19 [illegible]

C. HAMPSON JONES, M. D.

Per — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to Apr. 11, 1926, that I last saw her alive on Apr. 11, 1926, and that death occurred, on the date stated above, at 10.15 A. m.

The CAUSE OF DEATH* was as follows:

Haematogenous uremia

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 26, 1926

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Amos L. Ord, M. D.

4/12 1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. — DATE OF BURIAL: Apr 13 26

20 UNDERTAKER: Wm Flickner Sons — ADDRESS: Balto Md

APR 13 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NAME should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09463

E 09463

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2200 Brookfield Ave. 13 Ward) 1926

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Ella R. Chilcoat

(a) Residence No. 2200 Brookfield Ave., 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced.~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 11-1859

7-AGE, 67 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of Industry, business, or establishment in which employed (or employer)... 000

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, George Chilcoat

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Co. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Griffith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Co.

14- (Informant) George Chilcoat

(Address) 2200 Brookfield Ave

15- Filed APR 13 1926 C. HAMILTON JONES, M. D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11-1926

17- I HEREBY CERTIFY, That I attended deceased from February, 1926 to April 11 1926

that I last saw h[e] or [she] alive on April 11 1926

and that death occurred, on the date stated above, at 2 30 P M

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin K. Ballard M. D.

4-11-1926 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pikesville Md DATE OF BURIAL, APR 13 1926

20-UNDERTAKER, W. C. Brooks ADDRESS, Parks Md

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09464

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N. Linwood ave. ST 6-3 WARD)

2-FULL NAME John V. Fitchett

(a) RESIDENCE No. 435 N. Linwood ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza F. Fitchett

6 DATE OF BIRTH (month, day, and year) Jan. 19-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

PARENTS

10 NAME OF FATHER Harod Fitchett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nancy Calles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Charles J. Fitchett

(Address) 707 N. Kenwood ave

15 Filed ..... 19 ..... Registrar

(C. HAMPSON JONES, M. D.)

PR 13 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1 1926 to April 11 1926.

that I last saw h[illegible] alive on April 11 1926.

and that death occurred, on the date stated above, at 5-25 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Rheumatic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Fred Rumpf M. D.

19 (Address) 800 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL April 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E Eager

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09465 HEALTH DEPARTMENT—CITY OF BALTIMORE

135

CERTIFICATE OF DEATH.

E 09465

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital WARD)

2-FULL NAME William H. Whittle.

(a) RESIDENCE NO. 1044 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. 10 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Alvina Whittle

6 DATE OF BIRTH (month, day, and year) May 28/55

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Officer 061

(b) General nature of industry, business, or establishment in which employed (or employer) Captain Mounted Police

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Benj. F. Whittle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alvina Whittle

(Address) 1044 N. Broadway

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

Ent.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 17 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1926. to Apr. 17, 1926.

that I last saw him alive on Apr. 17, 1926.

and that death occurred, on the date stated above, at 6 A M m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy.

Chronic Cystitis.

(duration) Unknown

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(duration) yrs. mos. 3 days.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes (Date of 3/6/26.

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation & Clinical findings.

(Signed) E. M. Rhodes M. D.

4/12, 1926 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 4/17 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 09466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 97-3 WARD)

2-FULL NAME Doris M McCauley

(a) RESIDENCE NO. 6 W. 24th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 13 ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 30, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	0	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER G. C. McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ethelyn Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant D. F. McCauley (Address) 6 W 24th St

15 Filed APR 13 1926, 19 Registrar

C. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926 to April 12, 1926

that I last saw h alive on April 12, 1926

and that death occurred, on the date stated above, at 10 37 a. m.

The CAUSE OF DEATH* was as follows:

Pharyngo-Laryngo Diphtheria

(duration) about 6 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis, Post diphtheritic (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron B. Tull, M. D.

4/13 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Funeral

DATE OF BURIAL 4/13 1926

20 UNDERTAKER Oak Lawn

ADDRESS 2510 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09467

CERTIFICATE OF DEATH.

90 E 09467

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST.) 15 (WARD)

2-FULL NAME Katie Erler

(a) RESIDENCE NO. 2421 Dennison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Charles Rhyerch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Danner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Emma Erler

(Address) 2421 Dennison St

15 Filed APR 13 1926, 19..... C. HAMPSON JONES, M. D. Registrar

R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/9, 19 26 to 4/11, 19 26

that I last saw her alive on 4/11, 19 26

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute auricular dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Barber, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	April 13 1926
20 UNDERTAKER	ADDRESS 916
David Easton	Eaton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 09468

CERTIFICATE OF DEATH

5-1

E 09468

REGISTERED NO.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard C. Noland

(a) RESIDENCE NO. 454 N. Front ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Baltimore City Hospitals Records (Address)

15 Filed APR 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to April 12 1926.

that I last saw him alive on April 12 1926.

and that death occurred, on the date stated above, at 8 9. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) W. Lindsay Mills M. D.

4/12/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 4/14 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E. Fayette

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09469

E 09469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 15-12 11 Hospital

REGISTERED NO. 09469

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Herbert

(a) RESIDENCE NO. 1430 Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Steinbolt

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 64 Months — Days — If LESS than 1 day, hrs or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sea-food dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mary Steinbolt

(Address) 1730 Smallwood St

15 Filed APR 3 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-6, 1926 to 4-12, 1926

that I last saw him alive on 4-12, 1926

and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows:

Acute hypostatic pneumonia

Acute peritonitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4-6-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Marcus, M. D.

, 19 (Address) Mt. Wash. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodef Sholom

DATE OF BURIAL: 4/13 1926

20 UNDERTAKER: Jack Levin

ADDRESS: 1409 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09470

CERTIFICATE OF DEATH.

E 09470
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S Ann ST. 2-1 WARD)

2-FULL NAME William C Taylor

(a) RESIDENCE NO. 320 S Ann ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilla V Taylor

6 DATE OF BIRTH (month, day, and year): Feb 2 1863

7 AGE: 63 Years 2 Months 9 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): O/H
(c) Name of employer: John J Mathaus

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Wm Taylor
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lilla Taylor
(Address): 320 S Ann St

15 Filed APR 13 1926, 19.. C. HAMPSON JONES, M. D. Registrar
Per R K S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-11 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-1, 1926, to 4-11, 1926,
that I last saw h[illegible] alive on 4-11, 1926,
and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
Rheumatic acute
Nephritis, Hypertension

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) acute Bil Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. Hampson Jones M.D.
4-12-1926 (Address) 1000 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Town — DATE OF BURIAL: April 14 1926

20 UNDERTAKER: Louis Heiman — ADDRESS: 32 S Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09471

CERTIFICATE OF DEATH.

100-001

E 09471

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 20-5 WARD)

2-FULL NAME Thomas Watson

(a) RESIDENCE NO. 1943 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Watson

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
73 yr.	73	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Benj. Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Elizabeth Sinclair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records

(Address)

Filed APR 13 1926 19 C. HAMPSON JONES, M. D., Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1925 to April 12, 1926,

that I last saw him alive on April 12, 1926,

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory.

(Signed) W. Lindsay Dilley M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt. Oliver Cemetery DATE OF BURIAL Apr 14 1926

20 UNDERTAKER George L. Ashwab ADDRESS 1501 Eutaw Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09472

1-PLACE OF DEATH Fairfield Balto. Md. 9

CITY OF BALTIMORE: (No.) Fourth and Second Sts. (WARD) 25

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto albert Hasse.

(a) RESIDENCE NO. Fourth ave. & Second ST., 25 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. ~~11~~ mos. ~~11~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie T. Hasse.

6 DATE OF BIRTH (month, day, and year): Mch 24th 1878

7 AGE: Years 48 Months 12 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 094
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Hasse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jantzke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mamie T. Hasse
(Address) Fourth Ave & Second St.

15 Filed APR 13 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1925, to April 11, 1926,
that I last saw him alive on April 10, 1926,
and that death occurred, on the date stated above, at 8 P a, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 3 mos 5 ds.

CONTRIBUTORY (Secondary) — — —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy & physical exam

(Signed) Harry Weibel, M. D.

4/11, 1926 (Address) 1224-1226 Fremont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery A. A. Co. DATE OF BURIAL: April 14th 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 4038 Wash St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Bultkus Bal

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09473

CERTIFICATE OF DEATH

E 09473

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals 20-5-57

CITY OF BALTIMORE (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bultkus

(a) RESIDENCE NO. 1805 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ophillina Bultkus

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Bultkus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do

12 MAIDEN NAME OF MOTHER: Do

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do

14 Informant (Address): Balto City Hospitals

15 Filed APR 13 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1926 to April 11, 1926

that I last saw h alive on April 10, 1926

and that death occurred, on the date stated above, at 8 a.m. 9 p.m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Artery Sclerosis

Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Harry F. Smith M.D.

4/12 1926 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 14, 1926

20 UNDERTAKER: John Goeblinger — ADDRESS: 423 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09474

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Hoffman St.) (11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Date

(a) RESIDENCE. No. 211 N. Hoffman St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 25, 1912

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
13	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas A Date

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Virginia Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Alice Date
(Address) 211 N Hoffman St

15 Date received: APR 13 1926

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1926, to Apr 11, 1926,
that I last saw h[illegible]alive on Apr 11, 1926
and that death occurred, on the date stated above, at 11 6 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Infinite
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) Dr Garland Chamberlain M. D.

Apr 13 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	4/13 1926

20 UNDERTAKER: Samuel I. Hawley

ADDRESS: 1528 McCulloh

(Instruction should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09475

CERTIFICATE OF DEATH.

X 1 10

E 09475

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway. St. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey Curtis

(a) RESIDENCE NO. 218 sixth ave., West. ST., Hendersonville N C WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25—1857

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 063

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ill.

PARENTS

10 NAME OF FATHER: Henry Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn.

12 MAIDEN NAME OF MOTHER: Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Wm H. Blanke

(Address) Hendersonville N. C.

15 Filed APR 13 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to April 12, 1926, that I last saw him alive on April 12, 1926 and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Stricture of oesophagus.

(duration) Due yrs. mos. ds.

18 Where was disease contracted if not at place of death? can't tell

Did an operation precede death? yes. Date of April 10

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Smith, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hendersonville N. C. DATE OF BURIAL: 4/13 1926

20 UNDERTAKER: Chas R. Evans & Son ADDRESS 1185 N. Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09476

CERTIFICATE OF DEATH.

182 E 09476

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Balto City Hos St 19-2 Ward)

2-FULL NAME Augustus Gustav Baumerschoffer

(a) RESIDENCE NO. 1318 W Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred each yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) abt. 1859.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jones Cummings

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Harry J. Brooks

(Address) Hamilton

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h___ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally while walking on Herring Grounds fell in & was drowned

CONTRIBUTORY (Secondary) accidentally drowned (duration) yrs. mos. ds.

(Signed) James M Hamilton M. D.
(Coroner)

Apr 11 19 26 (Address) 702 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Balto City Hos yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1318 W Lombard

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Apr 14 19 26

20 UNDERTAKER J. Frank Lechner Sons — ADDRESS L. B.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 13 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09477.

CERTIFICATE OF DEATH.

E 09477

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital St. 25-2 WARD)

2-FULL NAME Richardson N. Taylor.

(a) RESIDENCE NO. Opitz Home Catonsville Md St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Crump Taylor

6 DATE OF BIRTH (month, day, and year): Mar 5-1844

7 AGE: Years 82 Months 1 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Druggist

(a) Trade, profession or particular kind of work: ~~Banker~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Richardson N. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): " " Va " "

12 MAIDEN NAME OF MOTHER: Susan C Lindsay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " " " "

14 Informant: Ryland Taylor

(Address): 4103 Groveland Ave

C. HARRISON JONES, M. D.

15 Filed APR 13 1926 19 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1926

I HEREBY CERTIFY, That I attended deceased from 3-4 1926 to 4-12 1926

that I last saw him alive on 4-12 1926

and that death occurred, on the date stated above, at 4 06 P. m.

The CAUSE OF DEATH* was as follows:

Cancer Hypertrophy Prostate Cystitis etc.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-12-26 4-10-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis A. Ellis M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL: April 19 26

20 UNDERTAKER: Wm Tickner & Sons

ADDRESS: North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09478

CERTIFICATE OF DEATH.

57

E 09478

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 S. Schroeder ST. 18-2 WARD)

2-FULL NAME Fannie M. F. Smoot.

(a) RESIDENCE No. 31 S Schroeder ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James W Smoot.

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: James E Higgs

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Alice Welch.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr James W Smoot
(Address) 31 S Schroeder St

15 APR 13 1926 C. HAMPSON JONES, M. D. Registrar.

Fee: 10 cts

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to April 11, 1926

that I last saw h alive on April 10, 1926

and that death occurred, on the date stated above, at 2.30 A.M. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell, M. D.

April 13, 1926 (Address) 164 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL: April 14 1926

20 UNDERTAKER: John F Cowan Undertaker

ADDRESS: 901 Hollins St.

Geo F. J. Cowan.

BE WRITTEN, WITH CONSENT OF THE INFORMANT. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09479 E 09479

CERTIFICATE OF DEATH.

REGISTERED NO. 70

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 7-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Doran

(a) RESIDENCE NO. 731 S. Bond St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
47-				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER John Doran

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Cullington

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hospital Records
(Address) Baltimore City Hospitals

15 Filed APR 13 1926 C. HAMPSON JONES, M. D. Registrar
Per ASST.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to April 11, 1926.

that I last saw him alive on April. 11, 1926.

and that death occurred, on the date stated above, at 2 15 a m.

The CAUSE OF DEATH* was as follows:

Lung Abscesses. (1)
Rt. Lung. (contusion Chest)

(duration) Unknown

CONTRIBUTORY (Secondary) Brain Abscess Otitis Media Rt.

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 10, 1926
Craniotomy - Brain Abscess

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) [illegible] M. D.

(Address) Balto City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	4/21 1926
20 UNDERTAKER	ADDRESS
J. J. Fahey & Sons.	138 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09480

E 09480

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 E. Fairmount ave ST.) 6-3 WARD)

2-FULL NAME Annie E. Taylor

(a) RESIDENCE NO. 2515 E. Fairmount ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Evans Taylor

6 DATE OF BIRTH (month, day, and year): March 8-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John E. Bransby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Jane Yaegu

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mrs. Gill

(Address): 2515 E. Fairmount av

APR 13 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to April 12, 1926, that I last saw h[illegible] alive on April 11, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Gill M. D.

4/13 1926 (Address) 4362 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: April 15 1926

20 UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E. Eager St.

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Each question should be carefully answered. If information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09481

CERTIFICATE OF DEATH.

REGISTERED NO. 135

1-PLACE OF DEATH Baltimore and Bayson Sts

CITY OF BALTIMORE: NO. German Aged Home ST. WARD. 20-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F Albrecht

(a) RESIDENCE. NO. German Aged Home ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob H Albrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline McLebele

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records German Aged Home
(Address) Balto and Bayson Sts

15 Filed APR 13 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926. to April 12. 1926.

that I last saw h[illegible] alive on April 11th 1926.

and that death occurred, on the date stated above, at 8:50 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Insanity

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Hough M. D.

Apl. 19 26 (Address) 1503 W Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Apr 14 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003½ Pratt St

R 13 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09482

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3410 Edmondson Ave ST., 16-2 WARD)

2-FULL NAME Thomas J. Hunt

(a) RESIDENCE NO. 3410 Edmondson Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Hunt

6 DATE OF BIRTH (month, day, and year) Dec 16-1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
75	3 4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER S. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant R. McAllister (Address) 3410 Edmondson ave.

15 Filed APR 13 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924 to Apr 11, 1926.

that I last saw h[illegible] alive on Apr [illegible], 1926,

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) J. M. Dillard M. D.

, 19 (Address) 624 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 4/14/26

20 UNDERTAKER Geo Leimbach Son. — ADDRESS 647W Pratt

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09483

CERTIFICATE OF DEATH.

E 09483

1-PLACE OF DEATH Bon Secours Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. ___ ST. ___ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Francis H. Fitzgerald

(a) RESIDENCE NO. 1121 Lawrence ST., ___ WARD ___
(Usual place of abode) Lowell, Mass.
Length of residence in city or town where death occurred ___ yrs. ___ mos. 4 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Agnes Fitzgerald

6 DATE OF BIRTH (month, day, and year) May 27 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work R. R. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Mass
(State or country)

PARENTS
10 NAME OF FATHER Wm Fitzgerald
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Mary C Shea
13 BIRTHPLACE OF MOTHER (city or town) Mass
(State or country)

14 Informant Mrs Agnes Fitzgerald
(Address) Lowell Mass

15 Filed C. HAMPSON JONES, M. D.
Registrar
Per ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 13, 1926
that I last saw him alive on April 13, 1926
and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:
Chronic cholecystitis
Cholelithiasis
(duration) yrs. 7 mos ds.
CONTRIBUTORY (Secondary) Bronchial pneumonia
Cholecystectomy (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? Yes Date of Removal of gall stones 4/10/26
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Geo. D. Lapsley, M. D.
, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lowell Mass	4/13/26
20 UNDERTAKER Joseph A Finley Fulton & Fayette	ADDRESS

R 13 1926

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09484

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 N. Carey. ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzy G. Nickings.

(a) RESIDENCE No. 1133 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married.

5a If married, widowed, or divorced HUSBAND of (or) [redacted] of Lena Nickings.

6 DATE OF BIRTH (month, day, and year) — 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

PARENTS

10 NAME OF FATHER Armstead Nickings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Lena Nickings

(Address) 1133 N. Carey St.

15 Filed C. H. Jones, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30 — 1926. to April 11 — 1926.

that I last saw him alive on April 11 — 1926

and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. D. Coleman, M. D.

April 19 26 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL April 14 1926

20 UNDERTAKER Mrs Jas H. Dennis Red 76 E. Nelson

ADDRESS 1303 Pennsylvania Ave

APR 13 1926

For Rec'd

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-5-21—M&T—1500 Bks.

1896 154

E 09485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09485

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Gaultberry

(a) RESIDENCE NO. 521 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Frederick Gaultberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Fannie Redman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va -

14 Informant Records (Address) [illegible]

15 Filed APR 13 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 5 1926 to April 11 1926 that I last saw h[illegible] alive on April 11 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac disease, chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Benign prostatic hypertrophy

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 31, 1926

Was there an autopsy? No

What test confirmed diagnosis? Typical Dig. Operation

(Signed) Robert W McKay M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL April 15 1926

20 UNDERTAKER Chas. H. Dennis per T. E. Kelson — ADDRESS 1303 Preston

R. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09486

CERTIFICATE OF DEATH.

3/ E 09486

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2345 Stockton St.; 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Jackson

(Residence in Baltimore: No. 2345 Stockton St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, March 28, 1907
(Month) (Day) (Year)

7-AGE, 19 yrs. mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic 10 0
(b) General nature of industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Edgar Jackson

11-BIRTHPLACE OF FATHER (State or Country) Lancaster co Va

12-MAIDEN NAME OF MOTHER Celia Clayton.

13-BIRTHPLACE OF MOTHER (State or Country) Lancaster co Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celia Jackson

(Address) 2345 Stockton St

15-

APR 13 1926, 191..., Registrar.

NKW

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4-12-26, 191-
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-11-26, to 4-12-26, that I saw h[illegible] alive on 4-12-26, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Several months (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

(Signed) W. P. Boykin M. D.

191... (Address) 1618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemtery

DATE OF BURIAL, April 16, 1926

20-UNDERTAKER Mrs James H. Dennis per T. G. Nelson

ADDRESS 1303 Pierstman St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 09487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09487

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 149 W. Lafayette Ave ST. 11-1 WARD)

2-FULL NAME John Finnister

(a) RESIDENCE NO. 148 W1 Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Finnister

6 DATE OF BIRTH (month, day, and year) August 9th, 1860

7 AGE	Years	Months	Days	1 day, hrs. or min.
	65	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) 010

(c) Name of employer Cole Safety Valve Co

9 BIRTHPLACE (city or town) Scotland (State or country)

PARENTS

10 NAME OF FATHER John Finnister

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Susan Kellow

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant Mrs Mary E. Finnister

(Address) 149 W. Lafayette Ave

15 APR 13 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13th, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to April 13, 1926.

that I last saw him alive on April 6th, 1926.

and that death occurred, on the date stated above, at 12.10 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

10 — —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Pride M. D.

4/13 1926 (Address) 4365 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL April 15th, 26

20 UNDERTAKER Weitzman & Son — ADDRESS 1723 W. Lafayette Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Stella Beckett

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09488

CERTIFICATE OF DEATH.

E 09488

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-1 W.B. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Beckett

(a) RESIDENCE No. Grand Hotel Gay & Pleasant St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Henry Steigwald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Ida McQuillan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Hospital Records

(Address)

15 Filed APR 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 13, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to April 13, 1926,

that I last saw her alive on April 13, 1926,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Mont McLane Jr. M. D.

4-13-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr. 16 1926

20 UNDERTAKER: James A Jones — ADDRESS: 120 N Paca St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09489

11-002

CERTIFICATE OF DEATH.

E 09489

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 4-1 WARD)

2-FULL NAME Mrs Elizabeth M. Ruppel

(a) RESIDENCE NO. 318 N. Paca ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William E Ruppel
(Address) 318 N Paca st

15 Filed ..., 19 ... Registrar

C. HAMILTON JOHNS, M. D.

PR 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to April 12, 1926, that I last saw her alive on April 12, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Encephalitis.
(influenzal type)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Streptococcus.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? clinical.

(Signed) H. K. McSwell, M. D.

, 19 (Address) St. Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL April 14 1926

20 UNDERTAKER James B Hayes

ADDRESS 1324 Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Hoppe.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09490

101-001

CERTIFICATE OF DEATH.

E 09490

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Brant ST. 9-3 WARD)

2-FULL NAME Agnes Hoppe

(a) RESIDENCE NO. 617 Brant ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 3 1926

7 AGE — Years: — Months: 5 Days: 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Non

(b) General nature of industry, business, or establishment in which employed (or employer): Non

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: L. E. Hoppe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Hattie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md

14 Informant: L. E. Hoppe. (Address) 617 Brant St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

APR 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1926, to April 11, 1926.

that I last saw h alive on April 10, 1926

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) L. L. Johnson M. D.

, 19 (Address) 2029 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Apr 13 1926

20 UNDERTAKER: Mack G. Elliott — ADDRESS: 1725 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09491

CERTIFICATE OF DEATH.

E 09491

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST., 5-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Jones

(a) RESIDENCE NO. 621 Eutaw ST., W. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clarence Jones

6 DATE OF BIRTH (month, day, and year) September

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D/C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant W. T. Sisson
(Address) Johns Hopkins Hospital

15 Filed APR 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to April 10, 1926, that I last saw her alive on April 10, 1926, and that death occurred, on the date stated above, at 10 10 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis, puerperal
Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Apr 3-1926

Was there an autopsy? no

What test confirmed diagnosis? Bacteriological

(Signed) W. T. Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Apr. 14 1926

20 UNDERTAKER Mrs. R. E. Elliott — ADDRESS 1725 Maryland

RK

Spec.—1-12-23—M&T—500 Bks.

E 09492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 09492

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md ST., 10-2 WARD)

2-FULL NAME Maggie Quinn

(a) RESIDENCE No. 836 Harford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE 39	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... 087

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed APR 14 1926. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12- 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-11- 1925, to 4-12- 1926,

that I last saw h OR alive on 4-12- 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Serological findings

(Signed) Mary Goodman M. D.

4/12/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn County

DATE OF BURIAL 4/14/26 1926

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09493

CERTIFICATE OF DEATH.

E 09493 F DEATH

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hodpitals St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Ross

(a) RESIDENCE NO. 313 W. Hoffman St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Female.

4 Color or Race col

5 Single, Married, Widowed, or Divorced. (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 18/26

7 AGE Years Months Days IF LESS than 1 day ..... hrs. or ..... min.

1 24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work c hild

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Daniel Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Marie Pelington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Daniel Ross

(Address) 313 W. Hoffman St

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Probably Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pollitzer, M. D.

(Coroner)

4/13/26 (Address) 508 EL North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 4/14 19 26

20 UNDERTAKER Edward Eyster ADDRESS 716 Park

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 4 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09494

CERTIFICATE OF DEATH.

REGISTERED NO. E 09494

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Brunt ST. 14-1 WARD)

2-FULL NAME Birdena Theresa Smalle

(a) RESIDENCE No. 1504 Brunt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 21-1906

7 AGE: Years 19 Months 6 Days 21/22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: John Smalle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbott Co. Md

12 MAIDEN NAME OF MOTHER: Rosie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant (Address): Rosie Banks 1504 Brunt St

15 Filed APR 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 5 1926 to Apr 12 1926.

that I last saw h alive on Apr 12 1926.

and that death occurred, on the date stated above, at 6-50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical T.B. findings

(Signed) Paul Brown M. D.

4-12-1926 (Address) 1837 Druid Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. M. Auburn

DATE OF BURIAL: 4/14 1926

20 UNDERTAKER: Paul Easton

ADDRESS: 916 Rut

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09495

E 09495

CERTIFICATE OF DEATH.

71-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 11-1 WARD)

2-FULL NAME Baby Valentine

(a) RESIDENCE NO. 176 9 Broward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30 1925

7 AGE: Years | Months | 10 Days | If LESS than 1 day, ... hrs. or ... min.

12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Henry Valentine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Jennie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL C. HAMPSON JONES

APR 4 1926

17 Filed 19 Per KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-1926.

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

that I last saw h alive on , 19 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Puncture

(Signed) Thos. W Comwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: JOHNS HOPKINS HOSPITAL

ADDRESS

13.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09496

E 09496

CERTIFICATE OF DEATH.

94-091

21-3

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1108 W Cross ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Henry Rush

(a) RESIDENCE NO. 1108 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 4 1924

7 AGE: Years | Months | Days 24 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Henry Rush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Emma M. Rauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm H. Rush (Address) 1108 W Cross

15 Filed APR 14 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926 to April 13, 1926 that I last saw h alive on April 10, 1926 and that death occurred, on the date stated above, at 10-1 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell M. D.

April 13 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: April 15 1926

20 UNDERTAKER: Eichleman & Son — ADDRESS 1039 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stereg—L 1021—M&T—1500 Bks.

1906 94

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09497

CERTIFICATE OF DEATH.

101-001 E 09497

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 96 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Chambers -

(a) RESIDENCE NO. 1407 E. Lafayette Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1924

7 AGE: Years 1 1/2 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Carrie Toney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] C. HAMPSON JONES, M. D. Registrar

APRT 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7th 1926. to April 13th 1926.

that I last saw h[illegible] alive on April 13th 1926.

and that death occurred, on the date stated above, at 3 50 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alexander McLaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: April 15 1926

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09498

CERTIFICATE OF DEATH.

E 09498

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. Johns Hopkins Hospital. 5-1 WARD)

2-FULL NAME Ina Thompson

(a) RESIDENCE No. 1415 E. Fairmount ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS
10 NAME OF FATHER Robert Thompson
11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Chas McKeown
(Address) Johns Hopkins Hospital.

15 Filed APR 14 1926, 19 . C. HAMPSON JONES, M. D. Registrar
Ref. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to April 12, 1926, that I last saw h-e alive on April 12, 1926, and that death occurred, on the date stated above, at 1 15 a. m.

The CAUSE OF DEATH* was as follows:
Eclampsia gravidarum

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) Chas McKeown M. D.
, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL april 14 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1601 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1 10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09499

CERTIFICATE OF DEATH.

179 E 09499

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST 13-6 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Davis.

(a) RESIDENCE NO. 2131- Linden Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? X yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Davis.

6 DATE OF BIRTH (month, day, and year) Not known.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ____ min.
28				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Harris Hine.

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Russia.

12 MAIDEN NAME OF MOTHER Mollie Rosenberg

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Russia.

14 Informant Mrs. Charles Davis
(Address) 2131- Linden Ave.

15 Filed APR 14 1926. RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to April 14, 1926, that I last saw her alive on April 14 1926, and that death occurred, on the date stated above, at 5:29 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis; blood chemistry

(Signed) Frederick Henry Steck, M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lebanon Rosedale

DATE OF BURIAL 4/17 1926

20 UNDERTAKER Joseph Lewis 1429 E Baltimore

ADDRESS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Cor.- 1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09500

101-001

CERTIFICATE OF DEATH.

E 09500

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Stephenson.(C)

(a) RESIDENCE NO 224 S.Dallas St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single.

rried, widowed, or divorced USBAND of or) WIFE of ;--------

OF BIRTH (month, day, and year) Do not know.

Years	Months	Days	If LESS than 1 day, hrs. or min.
33	------		

ATION OF DECEASED
ade, profession or
lar kind of work None.
eneral nature of industry,
ss, or establishment in
employed (or employer)
ame of employer

HPLACE (city or town)
untry) Washington, D.C.

FATHER Do not know.

OF FATHER (city or town) Do not know.

HER Do not know.

t know.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

April 8, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

E 09501

CERTIFICATE OF DEATH.

10 E 09501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Levering House. 100 N. Front St. ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O'Keefe.

(a) RESIDENCE No Levering House, 100 N. Front St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mr. Montgomery.
(Address) Levering House, 100 N. Front St.

15 Filed APR 14 1926 H. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Bernhardt, M. D. (Coroner.)

April 8, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
APR 14 1926
THE MORGUE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09502

E 09502

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1746 Hanover ST. 23-2 WARD)

2-FULL NAME Margaret Greb

(a) RESIDENCE NO. 1746 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Greb

6 DATE OF BIRTH (month, day, and year) Aug 18 1862

7 AGE Years 63 Months 7 Days 25 24

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) — abd

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Kronfmelbein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Bernhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Greb

(Address) 1751 Hackett st

Filed APR 14 1926, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926 to April 12, 1926

that I last saw him alive on April 11, 1926

and that death occurred, on the date stated above, at 3:18 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Independent

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Epithelioma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gluney

(Signed) Chas. A. Campbell M. D.

12-14-26 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 4/15/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson ave

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 09503 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH. 167 E 09503

1-PLACE OF DEATH

City of BALTIMORE: (No. 3347 Paine St., 13-4 Ward)

Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Daisy E Brewer

(Residence in Baltimore: No. 3347 Paine St St.; yrs. 16 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH INDELIBLE PENCIL OR PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. White

5-Married, ~~Widowed~~, or ~~Divorced~~. (Write the word.) Married

6-DATE OF BIRTH. Nov (Month) 17 (Day) 1890 (Year)

7-AGE. 35 yrs. 4 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Robert Cummings

11-BIRTHPLACE OF FATHER, (State or Country). md

12-MAIDEN NAME OF MOTHER. Sarah A Almony

13-BIRTHPLACE OF MOTHER, (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Webster Brewer

(Address) 3347 Paine st

15-

Filed ..... 191 C. HAMPSON JONES, M. D. Registrar.

APR 14 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Apl (Month) 12 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or Inquiry) I find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH was as follows:

Pneumonia Lobar

Suicide

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Schleicher M. D. (Coroner)

4/13 192 6 (Address) 2632 Roland ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Westminster Burial Co DATE OF BURIAL. Apl 15 1926

20-UNDERTAKER. Chenoweth & Son ADDRESS 3617 Chestnut

Spec.—1-10-21—M&T—1500 Blks.

E 09504 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 09504

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 10-2

CITY OF BALTIMORE: (No.) ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry McCullough

(a) RESIDENCE NO. 712 Ensor ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE — Years: 82 yr — Months: — Days: — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER Stanford McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER Nancy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

APR 14 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to April 11, 1926, that I last saw him alive on April 11, 1926, and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs 14 (History) mos ..... ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory + autopsy

(Signed) W. Lindsay Miller M. D.

4/13/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cem. DATE OF BURIAL 4/15 1926

20 UNDERTAKER: Chas. H. Johnson ADDRESS 716 N. Gay

U.S. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. NOT TO BE FOLDED FOR BINDING

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09505

CERTIFICATE OF DEATH.

16 2/ **E 09505**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 N. Kenwood Av. St., 7-3 Ward)

2-FULL NAME Louise M. Brown

(a) RESIDENCE NO. 517 N. Kenwood Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 13/26

7 AGE: Years | Months | Days: 1 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Wm C. Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret L. Schmitler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Wm C. Brown

(Address): 517 N. Kenwood Ave.

APR 14 1926

C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 14/26

17 I HEREBY CERTIFY, That I attended deceased from April 13 '26 to April 14 '26

that I last saw h[illegible] alive on April 13 '26

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

Asphyxia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Cowie, M. D.

(Address) 416 N. Washington

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial 4/15 1926

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Eutaw St

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 09506 — REGISTERED NO. E 09506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 1/2 St. Caroline St. WARD 5-V)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Foster

(a) RESIDENCE NO. 326 1/2 St Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: Col. — 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Foster

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE — Years: 40 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER: Albert Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bessie Foster

(Address) 126 S. Carolina st

15 Filed APR 14 1926 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 19 26

17 I HEREBY CERTIFY, That I attended deceased from Mar 25 19 26 to April 12 19 26.

that I last saw h[illegible] alive on April 11 19 26

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary): Acute Cardiac [illegible]

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) 326 S. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetary — DATE OF BURIAL: April 14 19 26

20 UNDERTAKER: Jos. T. H. Rochester — ADDRESS: 443 Jefferson St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09507

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 S. Streeper ST. 1-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Dorman

(a) RESIDENCE NO. 631 S. Streeper ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Johanna Dorman

6 DATE OF BIRTH (month, day, and year): Jan 6 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurateur

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 8 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. Dorman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mathilda Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Johanna Dorman 631 S. Streeper St

15 Filed APR 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22 1926 to April 10 1926.

that I last saw alive on " 10 1926.

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Lungs

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Sept 2 1925

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chas. O. Neu, M. D.

4/14/1926 (Address) 408 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Apr. 15 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Eutaw St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09508

CERTIFICATE OF DEATH.

E 09508

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 623 Washington Blvd ST. 72-1 WARD)

2-FULL NAME Ellen Mildred Hook

(a) RESIDENCE No. 1426 G St. NE ST. Washington, DC. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James N. Hook

6 DATE OF BIRTH (month, day, and year) Mar 31. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	0	14.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Burgess.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ellen Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant James N. Hook (Address) 1426 G. St. N.E. Washington

15 Filed APR 14 1926 Registrar [illegible] HAMPSON JONES, M.D. For R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to April, 1926, that I last saw h[illegible] alive on April 14, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Washington. D.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological Test

(Signed) J. M. Driscoll, M. D.

, 19 (Address) 621 Washington. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Upper Marlboro. Md. DATE OF BURIAL Apr. 14 1926.

20 UNDERTAKER Mrs. Mrs. John W. Tenfel & Son ADDRESS 801 W. Fayette

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09509

CERTIFICATE OF DEATH.

E 09509

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Edmondson Ave ST. 16-5 WARD)

2-FULL NAME Dora V. Hoyt

(a) RESIDENCE No. 1912 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	—	6 7	26 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pasadena Maryland

PARENTS

10 NAME OF FATHER Ralph W R Hoyt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dover N.H.

12 MAIDEN NAME OF MOTHER Dora V. Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pasadena Md

14 Informant Ralph W R Hoyt (Address) 1912 Edmondson Ave

15 Filed APR 14 1926, 19 M. HARRISON JONES, M. D. Registrar R.R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11th, 1926, to April 15, 1926, that I last saw her alive on April 13th, 1926, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) H.H. Kemper, M. D.

(Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgar Hill — DATE OF BURIAL April 15 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lafayette

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09510

CERTIFICATE OF DEATH.

E 09510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. ST., 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca B. Kolk.

(a) RESIDENCE NO. Long Green Md ST., WARD Long Green Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 8 ds. How long in U. S., if of foreign birth? 66 yrs. 2 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	~~married~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam P. Kolk

6 DATE OF BIRTH (month, day, and year) Jan-23-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	66	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md -

PARENTS

10 NAME OF FATHER John Legg -

11 BIRTHPLACE OF FATHER (city or town) Fleming (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Buck

13 BIRTHPLACE OF MOTHER (city or town) ~~Germany~~ (State or country)

14 Informant Univ. Hosp. Baltimore
(Address)

15 APR 14 1926 C. HAMPSON JONES, M. D.
Per ARS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr-14-26 19

17 I HEREBY CERTIFY, That I attended deceased from 4-6-26 to 4-14-26.

that I last saw h... alive on 4-14-26 19

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Left Side -

30 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

3 months (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Univ. Hospital

Did an operation precede death? yes Date of 4-7-26

Was there an autopsy? no -

What test confirmed diagnosis? Physical signs

(Signed) Edwin M. Johnston, M. D.

19 (Address) Baltimore Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Long Green Md

DATE OF BURIAL Apr 14 19 26

20 UNDERTAKER Stewart & Warren Company

ADDRESS 108 W. North Ave

PRINT PLAINLY WITH PENCIL OR PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09511

CERTIFICATE OF DEATH.

E 09511

74-081

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 735 W Lexington St., 4-1 Ward)

2-FULL NAME Julia Wheatley

(a) RESIDENCE NO. 735 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 071

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping

(c) Name of employer Same

9 BIRTHPLACE (city or town) England

(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Theresa M. Heckel

(Address) 735 W Lexington

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) 2:30 PM. thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. mos. ds.

(Signed) Harold Jones M. D.

(Coroner)

, 19 26 (Address) 332 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Md Date of Burial 1926

20 UNDERTAKER William Cook ADDRESS 511 E Balto

IMPORTANT: WRITE IN INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 09512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09512

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 835 N Washington St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine T. Kozlovsky

(a) RESIDENCE NO. 835 N. Washington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W. J. Kozlovsky

6 DATE OF BIRTH (month, day, and year): Jan 5 1880

7 AGE — Years: 46 — Months: 3 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Peter Barach

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Julia Kaisler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bohemia

14 Informant: W. J. Kozlovsky

(Address) 935 N. Washington St

15 [illegible] C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1926 to April 13 1926, that I last saw h[illegible] alive on April 13 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH was as follows:

Uremia Acute Nephritis

Suffocation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial: April 16 1926

20 UNDERTAKER: Frank Enoch & Son — ADDRESS: 1906 Eutaw Pl

APR 14 1926

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09513

CERTIFICATE OF DEATH.

31

E 09513

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 903 N Bradford St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Pronek

(a) RESIDENCE NO. 903 N Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Pronek

6 DATE OF BIRTH (month, day, and year): May 17/863

7 AGE: Years 61 | Months 2 | Days 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe-maker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Pronek

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Josephatzger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Anna Pronek

(Address) 903 N Bradford St

15 Filed C. HAMPSON JONES, M. D. Registrar

R1 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

April 12-1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to Apr. 12, 1926, that I last saw him alive on April 11, 1926, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Laryngeal tuberculosis

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) asthenia

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward Novak, M. D.

, 19 (Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cadwell — Date of Burial: Jan 15 19 16

20 UNDERTAKER: Frank X Ecker & Son — ADDRESS: 1900 Eutaw Pl

...tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09514

CERTIFICATE OF DEATH.

160 E 09514

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 166 WARD)

2-FULL NAME Middleton Baby Boy-

(a) RESIDENCE NO. 1308 W Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-5-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Marie Middleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed , 19 Per Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-15, 1926, to 4/8, 1926, that I last saw h[illegible] alive on 4/8, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bilateral Hair Lip.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. L. Lowman M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

APR 14 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R1 4 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09515

CERTIFICATE OF DEATH.

90 E 09515

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2033 Harlem Avenue St. 16-5 Ward)

2-FULL NAME John H. McCurley

(a) RESIDENCE NO. 2033 Harlem Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie McCurley

6 DATE OF BIRTH (month, day, and year): October 15, 1865

7 AGE — Years: 60 — Months: 6 5 — Days: 28 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinner

(b) General nature of indnstry, business, or establishment in which employed (or employer): Charles Dailey

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edward B. McCurley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Clara Bell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Maryland

14 Informant: Miss Belle McCurley

(Address) 2033 Harlem Avenue

Filed: C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Apr 13, 1926, that I last saw him alive on Apr 12, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Wallace Fuller, M. D.

Apr. 14, 26 (Address) Presstman & Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Apr. 16, 26

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 N. Gilmor St.

14 1926

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09516

CERTIFICATE OF DEATH.

E 09516

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 71-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Smith

(a) RESIDENCE NO. 711 Eislan St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	? wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
75yr (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed APR 14 1926, 19 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to April 12, 1926, that I last saw her alive on April 12, 1926, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

4/13, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cem.

DATE OF BURIAL 4/15/26 1926

20 UNDERTAKER Byron Wright

ADDRESS 1218 W. Eldeny

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Alice. Jakubowska

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09517

E 09517

181-09

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 S Ann St. 2-1 Ward)

2-FULL NAME Alice Jakubowska

(a) RESIDENCE NO. 413 S Ann St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jakubowski

6 DATE OF BIRTH (month, day, and year) July 5- 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home 0 3 7

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Tomasz. Franchiewicz

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER unknown

12 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Mr John Jakubowski

(Address) 413 S Ann St

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

Per _____

14 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Conflagration by Clothes catching fire accidentally. Effect of burns. Fell over & rolled over after lighting the gas under pot

CONTRIBUTORY (Secondary) She was in bed & kept worn (duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Benton M. D.

(Coroner)

413 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial April 16 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 09518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09518

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 S Stricker ST. 19-V WARD)

2-FULL NAME Charles E Slater

(a) RESIDENCE No. 347 S Stricker ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May E Slater

6 DATE OF BIRTH (month, day, and year): Jan 10 1885

7 AGE — Years: 41 — Months: 3 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James A Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass

12 MAIDEN NAME OF MOTHER: Rose Schweiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs May Slater

(Address) 347 S Stricker

15 APR 14 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from August 17, 1925, to April 11, 1926, that I last saw him alive on April 11, 1926, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Findings

(Signed) John A Buchmann, M. D.

, 19 (Address) 375 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: 4/15 1926

20 UNDERTAKER: Geo E Tinley Sulton — ADDRESS: Wyatt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09519

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2901 Hunden AVE ST. 15-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Edward Price

(a) RESIDENCE NO. 2901 Hunden AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) 6/9/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	10 9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas F Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Roach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Mrs C. Price

(Address) 2905 Hunden

15 Filed 1 4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1926

17 I HEREBY CERTIFY, That I attended deceased (from Jan 1, 1926, to Apr 14, 1926, that I last saw him alive on Apr 12, 1926, and that death occurred, on the date stated above, at 6 a m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 1 yrs mos ds.
(duration)

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Gilbert M. D.

Apr 14, 1926 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL 4/17/26

20 UNDERTAKER J. Edward Davis & Sons ADDRESS 1318 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T—1500 Bks.

E 09520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 5-1

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis J. Parker

(a) RESIDENCE NO. Corner Front + Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
65 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Joseph Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S. A

12 MAIDEN NAME OF MOTHER Margaret Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Baltimore City Hospitals

15 Filed APR 14 1926 C. HAMPSON JONES, M. D. Registrar

Per [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to April 12, 1926, that I last saw him alive on April 12, 1926, and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Lindsay Hill M. D.

(Address) 4/13/26 Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 4/15 1926

20 UNDERTAKER J. F. Sahlendorf

ADDRESS 131 E. Lexington

CAUSE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-125-M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1899 115

E 09521

CERTIFICATE OF DEATH.

7-1 + 129

E 09521

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Scott

(a) RESIDENCE No. 3936 Clover Hill Rd. WARD Sandy Springs Md,

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1904.

7 AGE: Years 20 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook. Col

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Jos Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 15 1926, 19 .. K/K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14th 26

17

I HEREBY CERTIFY, That I attended deceased from Feb 26th, 19 26, to April 14th, 19 26,

that I last saw h alive on April 14th, 19 26,

and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. ? mos ds.

CONTRIBUTORY (Secondary): Leucemia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of -

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Examination

(Signed) E Bowles Adams, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sharp St Cem Sandy Springs Md | DATE OF BURIAL: 4-15 1926

20 UNDERTAKER: Frank Easton | ADDRESS: 916 Pa Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. ~~Home~~ Harris Griffis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09522 — CERTIFICATE OF DEATH. — E 09522

1-PLACE OF DEATH

City of BALTIMORE: (No. 241- N. Schroeder St., 18-1 Ward) 10-09

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harris Griffis

(a) Residence No. 241- N. Schroeder St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-(Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Griffis

6-DATE OF BIRTH (month, day and year) 7-9-1895

7-AGE. 30 yrs. 9 mos. 3 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). 040

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Raleigh N.C.

PARENTS.

10-NAME OF FATHER, John Griffis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Raleigh N.C.

12-MAIDEN NAME OF MOTHER, Bell Stadman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Raleigh N.C.

14- (Informant) Mabel Griffis

(Address) 241 N Schroeder St

15- Filed APR 15 1926 HAMPSON JONES, Registrar. R.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-12-26

17- I HEREBY CERTIFY, That I attended deceased from 4-9, 19 26 to 4-12, 19 26

that I last saw him alive on 4-12, 19 26

and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. L. Jackson M. D.

4/13 19 26 (Address) 808 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. W.L. Cochran — DATE OF BURIAL. 4/15 19 26

20-UNDERTAKER. Daniel Canton — ADDRESS 916 Pacific

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09523

CERTIFICATE OF DEATH

90-E 09523

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4 S Loyd St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Wojcik

(a) RESIDENCE NO. 264 S. Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Wojcik

6 DATE OF BIRTH (month, day, and year) Mar. 17 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	36	7	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milk Dealer 45

(b) General nature of industry, business, or establishment in which employed (or employer) Retail Wholesale

(c) Name of employer Himself

9 BIRTHPLACE (city or town) Salt City

(State or country)

PARENTS

10 NAME OF FATHER Geo. Wojcik

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Frances Czova

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Michael Wojcik

(Address) 507 S Patterson Park ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

By R.K.

APR 15 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilation heart

Sudden (duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

4/13 1926 (Address) 707 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. Date of Burial April 16 1926

20 UNDERTAKER Stephen J. Frackowski ADDRESS 1911 Lemmon St

NOTICE TO PHYSICIANS AND UNDERTAKERS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 09524 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 1057

City of BALTIMORE: (No.) Maryland Penitentiary (St.) Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frederick Croxton

(a) Residence No. Maryland Penitentiary St., Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Croxton

6-DATE OF BIRTH (month, day and year): Jan. 5, 1878

7-AGE. 28 yrs. 3 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Trapping Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Essex Co. Va

PARENTS.
10-NAME OF FATHER: Thomas Croxton
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Essex Co. Va
12-MAIDEN NAME OF MOTHER: Julia Mitchell
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14-
(Informant): Maryland Penitentiary
(Address): 954 Forest St

15-
Filed. APR 5 1926 192
HAMPTON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 13. 1926

17- I HEREBY CERTIFY, That I attended deceased from April 11 1926 to April 13 1926
that I last saw him alive on April 13 1926
and that death occurred, on the date stated above, at 4:56 m

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Albert L Anderson M. D
4/13 1926 (Address) Maryland Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Irvington Va	April 16 1926
20-UNDERTAKER	ADDRESS
Stephen J Fialkowski	1100 S Monroe

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09525

CERTIFICATE OF DEATH.

113 E 09525

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 338 W. Preston ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2 FULL NAME Arthur Gee

(Residence in Baltimore: No. 338 W. Preston St.; yrs., 1 mos. 1 /ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	C	

6-DATE OF BIRTH, Feb. (Month) 28 (Day), 1926 (Year)

7-AGE, 16 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER Chappel Gee

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bunnie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chappel Gee

(Address) 338 W. Preston st.

15- APR 15 1926 191.... C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. gastro enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed) J. J. Hennessy (Coroner) M. D.

4/14/, 1926 (Address) 2802 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Apl 15, 1926
20-UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1225 Islandale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 100 001

E 09526

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1305 Harlem ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert C Chase

(a) Residence No. 1305 Harlem ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Nov 25. 1893

7-AGE, 32 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) Public

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS

10-NAME OF FATHER, Albert Chase

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co

12-MAIDEN NAME OF MOTHER, Sarah Gordy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Calvert Co

14- (Informant) Ethel Robinson

(Address) 1305 Harlem ave

15- Filed APR 15 1926 192 C. HAMPSON JONES, M. D. Per Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 13 1926

17- I HEREBY CERTIFY, That I attended deceased from April 7 1926 to Apr 13 1926

that I last saw h alive on April 12 1926

and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) Dr N Speight M. D

April 13. 1926 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL. Apr 16 1926

UNDERTAKER. Virginia A. Brooks

ADDRESS 1463 N Carey St

Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

400 N Payson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09527.

CERTIFICATE OF DEATH.

129 E 09527

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Pennsylvania Ave ST., 14-1 WARD)

2-FULL NAME Annie E Fisher

(a) RESIDENCE NO. 2320 Pennsylvania ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George R.

6 DATE OF BIRTH (month, day, and year): Sept 23 1882

7 AGE — Years: 43 — Months: 6 — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Peter Marion

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Bamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elsie G. Fisher

(Address): 2328 Pennsylvania Ave

15 Filed: 4/15, 1926 — C. HAMPSON JONES, M. D. Registrar — Per BK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26 to April 12 1926

that I last saw her alive on April 12 1926

and that death occurred, on the date stated above at 9.55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia, Anuria 4 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Percy D McCoy M. D.

4/16 1926 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: April 15 1926

20 UNDERTAKER: Wm Cook & Son — ADDRESS: Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09528

CERTIFICATE OF DEATH.

4 E 09528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 N. Rose ST., 7-3 WARD)

2-FULL NAME Frederick Bisler

(a) RESIDENCE NO. 523 N. Rose. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 39 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fredericka Bisler

6 DATE OF BIRTH (month, day, and year) Sept 10 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter 13

(b) General nature of industry, business, or establishment in which employed (or employer) Sausage Factory

(c) Name of employer J. W. Frock Co.

9 BIRTHPLACE (city or town) Berlin

(State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Bisler

11 BIRTHPLACE OF FATHER (city or town) Berlin

(State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Rice

13 BIRTHPLACE OF MOTHER (city or town) Berlin

(State or country) Germany

14 Informant Fredericka Bisler

(Address) 523 N. Rose

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

R 1 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1925 to April 13 1926.

that I last saw him alive on April 12 1926.

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Obstruction Intestinal

(duration) yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? X-Ray + Blood Exam

(Signed) E. H. Dunkle M. D.

19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Apr 15 1926

20 UNDERTAKER Mrs. C. Miller & Son

ADDRESS 2334 Ash

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Cor.—1-12-23—M&T—100 Bks.

E 09529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

003
180 E 09529

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 3-2 WARD)

2-FULL NAME Harold Zinz

(a) RESIDENCE No. 430 S. Bond Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9th, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School 2nd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Edward Zinz

11 BIRTHPLACE OF FATHER (city or town) (State or country) London, England

12 MAIDEN NAME OF MOTHER Esther Ziinz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London, England

14 Informant Edward Zinz
(Address) 430 S. Bond St.

15 Filed APR 15 1926 192 Per Registrar

H. HARRISON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14th-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- Accidently
struck by autotruck

(Inquest later)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Paul, M. D.
(Coroner)

4/15/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 4-15 192 6

20 UNDERTAKER Jacob Heuisler

ADDRESS 1439 E. Balto

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09530

CERTIFICATE OF DEATH.

5-E 09530

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2443 Shirley Ave., St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Dubois

(a) RESIDENCE NO. 2443 Shirley Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dubois

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of indnsiry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Soloman Koskin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Charles Dubois

(Address) 2443 Shirley Ave.

15 Filed APR 15 1926 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

April 15th, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1922, to Apr 12, 1926, that I last saw h[illegible] alive on Apr 12, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Ch Diabetes

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation
Ch myocarditis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

4/15, 1926 (Address) 733 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Dorsey Point - Herman Hill Road 4-15 1926

20 UNDERTAKER — ADDRESS

Jack Lewis, 1429 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09531 E 09531

CERTIFICATE OF DEATH.

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 539 Printzess St. 14-1 (WARD)

2-FULL NAME Alexander Nelson

(a) RESIDENCE. No. 539 Printzess St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH to be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Nelson

6 DATE OF BIRTH (month, day, and year) May-17-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
18	49	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stafford Co Va

PARENTS

10 NAME OF FATHER Peter Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Blanche Nelson

(Address) 539 Printzess St

Filed APR 15 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Apr 12, 1926

That I last saw him alive on Apr 12, 1926

And that death occurred, on the date stated above, at 1:40 P.M.

THE CAUSE OF DEATH* was as follows: Carcinoma of Stomach

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path

(Signed) Samuel H Hinkley M. D.

Apr 14 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem | DATE OF BURIAL Apr 15 26

20 UNDERTAKER Samuel H Hinkley | ADDRESS 578 N Bdle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09532

101-001

CERTIFICATE OF DEATH.

E 09532

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 3-2 Ward)

2-FULL NAME Lillian Brown

(a) RESIDENCE NO. 116 S. Bond St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 8/26

7 AGE — Years: — Months: 2 — Days: 4 — If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Portsmouth Va

12 MAIDEN NAME OF MOTHER: Mary Crawford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): N. C.

14 Informant: Mary Brown

(Address): 110 S. Bond St

15 Filed ..... 19 .....

APR 5 1925

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 12/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Mullen M. D.

(Coroner)

4/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: April 15 1925

20 UNDERTAKER: Jos. J. H. Rochester — ADDRESS: 1413 Edmond

Cor.—12-9-25—A Co.—200 Bks. HEALTH DEPARTMENT—CITY OF BALTIMORE. Every item of information is necessary and should be given if known. This is a PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

09533

HEALTH DEPARTMENT—CITY OF BALTIMORE

+84

E 09533

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Community Hospital St., Ward)

2-FULL NAME James B Morgan

(a) RESIDENCE NO. S S Tahua British St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. J B. Morgan

6 DATE OF BIRTH (month, day, and year): not known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 2nd Engineer - 030

(b) General nature of industry, business, or establishment in which employed (or employer): Salved

(c) Name of employer: S S Tahua

9 BIRTHPLACE (city or town): Newcastle on Tyne

(State or country): England

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): not known

14 Informant: Capt A L Andrews

(Address) S S Tahua British

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 4/15

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Oesophagus

Internal Hemorrhage

7 hours

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

(Signed) Hamilton F Baker M. D.

(Coroner)

, 19 26 (Address) 3325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial: April 16 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 120 N. Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

APR 15 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09534

CERTIFICATE OF DEATH.

90

E 09534

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 726 Lexington St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Heyser

(a) RESIDENCE NO. 2133 Callow Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Heyser

6 DATE OF BIRTH (month, day, and year): Aug 9, 1856

7 AGE — Years: 70 — Months: 8 — Days: 4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo Ball

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country):

12 MAIDEN NAME OF MOTHER: Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Wm Heyser

(Address) 2133 Callow Ave

15 Filed....., 19..... Registrar

APR 15 1926

(SIGNATURE) THOMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laboylor

Abscess of Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John Morrison M. D. (Coroner)

4/14 1926 (Address) 6302 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In this place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: April 15 1926

20 UNDERTAKER: John O. Hitchcock — ADDRESS: 1201 W. Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09535

CERTIFICATE OF DEATH.

14 Ward 84 E 09535

Registered No. E

1-PLACE OF DEATH: Phoenix Club

City of BALTIMORE: (No. 1505 Eutaw Place. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Moses J. Waterman

(Residence in Baltimore: No. Marlborough Apts. 1701 Eutaw Place St.; yrs. 50 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. April (Month) 22 (Day) 1855 (Year)

7-AGE. 70 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Retail Hat Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Alexandria, Va.

PARENTS.

10-NAME OF FATHER. Joseph Waterman

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Sylvan Waterman

(Address) Cleverdale Apts.

15- Filed 5 1926 Age C. HAMPSON JONES, M. D. Registrar. Per RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 13 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Clendon Brades M. D.
(Coroner)

Apr 14 26 192 (Address) 1437 N Charles

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Hebrew Cem. DATE OF BURIAL. 4/15/ 19 26

20-UNDERTAKER. Abrid Sondheim ADDRESS 1030 Druid Hill Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09536

CERTIFICATE OF DEATH.

90

E 09536

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 E. 22nd St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace R. Owens

(a) RESIDENCE NO. 14 E. 22nd St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F Owens

6 DATE OF BIRTH (month, day, and year) Feb 14 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 031

(b) General nature of industry, business, or establishment in which employed (or employer) Pool & Hunt

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Owens

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mabe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Emma F Owens

(Address) 14 E 22nd

Filed 1925 G. HAMPSON JONES, M. D.

Per R.F. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D. Coroner

4/14 1926 (Address) 632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ridge — Date of Burial: April 16 1926

20 UNDERTAKER: H. M. Poulson — ADDRESS: 2258 W. North

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 09537. HEALTH DEPARTMENT—CITY OF BALTIMORE E 09537

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital 8-W 129 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Brockman

(a) RESIDENCE NO. 1722 N Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christine H Brockman

6 DATE OF BIRTH (month, day, and year) April 17 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) R.R. 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Philip B. Brockman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Amelia Brockman (Address) 1722 N Broadway

15 Filed Apr 15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to Apr 13, 1926, that I last saw him alive on Apr 13, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy.

Cardio. Vascular Renal Disease

About (duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of 4/13/26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Lab.

(Signed) Clarence P. Morgan, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

DATE OF BURIAL April 16 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N Monta

PRI 5 1926

IRON is very important See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09538

CERTIFICATE OF DEATH.

18-2 100 E 09538

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Thornton

(a) RESIDENCE NO. 7 S. Arlington Ave. ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 7/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fuller Thornton

6 DATE OF BIRTH (month, day, and year) Dec 31 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .. min.
	37		13	
38		3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza Dogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

APR 15 1926 RM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 20, 19 26, to April 14, 19 26, that I last saw her alive on April 13, 1926 and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings.

(Signed) Harry [illegible] M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL April 17 1926

20 UNDERTAKER George J. Smith — ADDRESS 532 Hollins

THIS is very important. See instructions on back of certificates. Exact statement of OCCUPATION should be given. If the married woman may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09539

CERTIFICATE OF DEATH.

151 E 09539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lenid Hosp - ST. 27-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Mayfield

(a) RESIDENCE No. 118 Dunbar Ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word) married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Mary E. Mayfield

6 DATE OF BIRTH (month, day, and year) Mar 26 1831

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
95	—	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - 24

(b) General nature of industry, business, or establishment in which employed (or employer) Base Runner

(c) Name of employer

9 BIRTHPLACE (city or town) Lafayette Conn
(State or country)

PARENTS

10 NAME OF FATHER Robert Mayfield

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary ann Paddock

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant K. M. Mayfield
(Address) 232 Edmonson Road

Filed APR 15 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-18-26 to 4-14 26.

that I last saw him alive on 4-14 26.

and that death occurred, on the date stated above, at 5.37 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? over

Did an operation precede death? yes Date of Mar 29-26

Was there an autopsy? no

What test confirmed diagnosis? Phy - Signs

(Signed) Elvin M. Flanter M. D.

19 (Address) Lenid - Hosp - Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL April 16-26

20 UNDERTAKER Ultramb. Co. — ADDRESS 1123 W. Lexington St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1908 E 09540

CERTIFICATE OF DEATH.

32 E 09540

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 43-1 WARD)

2-FULL NAME Ruth E. Frantz

(a) RESIDENCE NO. 161 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9e yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER William Frantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Edith Traeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 5 1926 19 C. HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17

I HEREBY CERTIFY, That I attended deceased from April 11th, 1926, to April 12th, 1926, that I last saw her alive on April 12th, 1926, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

1a. Meningitis, tuberculous

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) Alexander McAffee, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Apr. 15 1926

20 UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

State anatomical.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 09541

CERTIFICATE OF DEATH.

1926 E 09541

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 76-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Quinto

(a) RESIDENCE NO. 313 S. East Ave ST., Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Vincent Quinto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Amelia Manto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Friends

(Address) .....

15 Filed ..... 19 ..... Registrar .....

C. HAMPSON JONES, M. D.

R 1 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1926

17

I HEREBY CERTIFY, That I attended deceased from April 8, 1926, to April 11, 1926, that I last saw her alive on April 11, 1926, and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. Carpenter Hartman M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 09542

CERTIFICATE OF DEATH.

E 09542

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 41 WARD)

2-FULL NAME Samuel Stewart

(a) RESIDENCE NO. 637 W. Fayette st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Wolle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed APR 15 1926, 19 C. HAMPSON JONES, M. D. Registrar Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to April 14, 1926, that I last saw him alive on April 14, 1926, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane M. D.

4-14-26 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL April 17 1926

20 UNDERTAKER James A. Jones

ADDRESS 120 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09543

CERTIFICATE OF DEATH.

E 09543

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. ..... WARD)

2-FULL NAME Charles Washington

(a) RESIDENCE NO. 224 W. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cullman

6 DATE OF BIRTH (month, day, and year): [illegible] 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
69 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed ....., 19 ..... Registrar

APR 15 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to April 12, 1926, that I last saw him alive on April 11, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. Lindsay Miller, M. D.

4/12/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Apl. 15 1926

20 UNDERTAKER: [illegible] Edbert

ADDRESS 1725 Ashburton Ave

SIGNS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09544

CERTIFICATE OF DEATH.

12-9 E 09544

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E. Madison ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Thompson

(a) RESIDENCE NO. 1827-E-Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lenhman

6 DATE OF BIRTH (month, day, and year) Feb. 28 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	40	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Thompson

(Address) 1827 E. Madison St

15 Filed APR 15 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23 1925 to April 12 1926.

that I last saw him alive on April 12 1926.

and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) Chronic yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Asthma - Interstitial Nephritis (duration) yrs. 6 mos. 3 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermanns (-)

(Signed) Dr. J. W. Bernard M. D.

4-12 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	Apl. 16 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Eastlund Ave

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09545

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 09545

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST. 17-2 WARD)

2-FULL NAME Baby Zuckerberg

(a) RESIDENCE NO. 822 Druid Hill ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 12-26

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER ~~Dora~~ Louis Zuckerberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Rewa

(Address) 1439 E. Baltimore

Filed APR 15 1926 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1926. to April 15, 1926.

that I last saw h alive on April 15, 1926.

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? Clinical Signs.

What test confirmed diagnosis?

(Signed) ..... M. D.

..... 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodeph Shalom Cem

DATE OF BURIAL 4-15 1926

20 UNDERTAKER Jack Levin

ADDRESS 1439 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09546

CERTIFICATE OF DEATH.

5-001

E 09546

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 5-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Thomas

(a) RESIDENCE NO. 573 Central Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Worker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hattie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1925 to April 9 1926

that I last saw her alive on April 9 1926

and that death occurred, on the date stated above, at 10:30 a m

The CAUSE OF DEATH* was as follows:

Residual hemiplegia

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Wilkie M. D.

4/9/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 4/15/26

20 UNDERTAKER Geo. J. Rutledge & Sons

ADDRESS 1733 Harlem

MAR 15 1926

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09547

CERTIFICATE OF DEATH.

E 09547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 14-1 WARD)

2-FULL NAME Catherine Easton

(a) RESIDENCE NO. St. Vincents - Division St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Dorothy Easton

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Sister Catherine

(Address) St. Vincents Infant Asylum

15 Filed APR 15 1926 19

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 14, 1926, that I last saw her alive on April 14, 1926 and that death occurred, on the date stated above, at 11:57 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S Tull M. D.

4/15, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL April 16 1926

20 UNDERTAKER Charles Fahey Son

ADDRESS 1924 Eastern Ave

IMPORTANT. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 09548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09548

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 S. Charles St. ST., 23-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Drucilla A. Felthousen.

(a) RESIDENCE NO 1733 S. Charles St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a If married, widowed or divorced

(or) WIFE of William H. Felthousen.

6 DATE OF BIRTH (month, day, and year) October 30, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Hubbard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Drucilla Gibbs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant William H. Felthousen. (husband)

(Address) 1733 S. Charles St.

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

April 15, 1926 (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL April 17 1926

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fortune

Spec.—1-10-21 M&T 1500 Bks.

E 09549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174 E 09549

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Genl Hospt ST. 24-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Ivan Emminizer.

(a) RESIDENCE NO. 1747 Jackson St ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10,	19,	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Born at Balto Md. Lives at home with parents

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Albert G. Emminizer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Annie Cook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Allegany

14 Informant (Albert G. Emminizer) (Address) 1747 Jackson St

15 Filed 5 1926, 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1926, to April 14, 1926.

that I last saw h[illegible] alive on April 14, 1926.

and that death occurred, on the date stated above, at 1 20 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombosis Coronary - Embolism

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? Home (Accd.)

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Whelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elder Hill Cem	April 16 26

20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fort Ave

TION is very important. See instructions on back of certificates. Exact statement OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

Ida May Hutson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09550 — 001 — E 09550

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida May Hudson

(a) RESIDENCE NO. 827 S Charles ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 8, 1922

7 AGE — Years: 3 — Months: 11 — Days: 7 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Hutson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Hutson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): John Hutson 827 S Charles St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

5-15-1926 M.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 15, 1926, that I last saw her alive on April 15, 1926, and that death occurred, on the date stated above, at 8 1/2 a m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis

(duration) yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Toxemia

same (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy Exam Laboratory findings

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. — DATE OF BURIAL: April 17, 1926

20 UNDERTAKER: A. Howard Evans — ADDRESS: 37 E. First ave

TION is very important. See instructions on back of certificates.

Exact statement of OCCUPA-

may be properly classified.

Spec.—1-10-21—M&T—1500 Blks.

E 09551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 E 09551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Pendleton

(a) RESIDENCE NO. 634 N. Lanvale St. Ward Balto Md —
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year) Unknown 1868

7 AGE: 57 yrs. (Years / Months / Days / If LESS than 1 day, hrs or ... min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter — 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER Wm. Pendleton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va —

12 MAIDEN NAME OF MOTHER Catherine Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records —
(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar
Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to April 14, 1926, that I last saw him alive on April 14, 1926, and that death occurred, on the date stated above, at 3 35 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Secondary infection

(duration) yrs. ½ mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Yes Date of 1/20/26 & 2/13/26

Was there an autopsy? Yes

What test confirmed diagnosis? Section for Study

(Signed) James E. Markley M.D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: April 18 '26

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 09552

HEALTH DEPARTMENT—CITY OF BALTIMORE

112 E 09552

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 Carrollton Ave. 16-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Nicholas

(a) RESIDENCE NO. 913 Carrollton Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 13-26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Percy Nicholas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Edith Nicholas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Edith Nicholas

(Address) 913 Carrollton ave

15 Filed 5 1926 16 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an inquest, autopsy or inquiry.

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 6 mos. 2 ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

April 5th 1926 (Address) 143 Forrest

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial April 16 1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill

DO NOT write in plain terms, so that it may be properly classified. PHYSICIANS should state very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09553

X84 E 09553

CERTIFICATE OF DEATH.

REGISTERED NO. 9853

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 33rd St. WARD 12-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Houck.

(a) RESIDENCE NO. Thurmont, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 3, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	9 10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Harry L. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Viola P. Trueheart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mother - Mrs. Houck

(Address) Thurmont, Md.

15 Filed MAY 6 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1926 to April 15 1926, that I last saw him alive on April 15, 1926, and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of April 14, 1926

Was there an autopsy? Yes.

What test confirmed diagnosis? Typical finding - X-ray

(Signed) C. H. Berlinghof, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmitsburg Md.

DATE OF BURIAL Apr. 18 1926

20 UNDERTAKER M. L. Creagan & Son

ADDRESS Thurmont

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09554

CERTIFICATE OF DEATH.

57 E 09554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 W. 42 St (ST.) 13-4 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry G. Biggs

(a) RESIDENCE NO 1115 W. 42 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret H. Biggs

6 DATE OF BIRTH (month, day, and year) Aug 13 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	60	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER William Biggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Geer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Ellen Burris (Address) 1115 W 42 St

15 Filed 4 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1918 to April 15 1926, that I last saw h alive on April 14 1926, and that death occurred, on the date stated above, at 12-5 P m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Mitral Insufficiency

many years (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. D. Norland, M. D.

4, 18, 1926 (Address) 3343 Clendenon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge | DATE OF BURIAL Apr 16 1926

20 UNDERTAKER A. S. Marshall | ADDRESS 3539 Falls Road

TION is very important See instructions on back of certificates.

to that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 09555 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09555

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH 2355 Dundalk

CITY OF BALTIMORE: (No. 2355 Druid Hill Ave. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margarette Dean

(a) RESIDENCE No. 2355 Druid Hill WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Virginia

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Dean

6 DATE OF BIRTH (month, day, and year): April 6, 1866

7 AGE: Years 60 Months — Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Farmville Virginia

PARENTS

10 NAME OF FATHER: Jack Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Farmville Va

12 MAIDEN NAME OF MOTHER: not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Carrie B. Drew

(Address) 127 Perrow St

15 Filed APR 16 1926 C. HAMPSON JONES, M. D. Registrar

By G.S.G.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926 to April 14, 1926

that I last saw h alive on April 14, 1926

and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): myocarolitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Symptoms

(Signed) John L. Lamprey M. D.

, 19 (Address) 1405 N. Mont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Newark New Jersey

DATE OF BURIAL: Apr 16 1926

UNDERTAKER: Virginia A Brooks

ADDRESS: 1463 W Lanvale

THION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09556

CERTIFICATE OF DEATH.

31 E 09556

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 73 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma M Svrjeck

(a) RESIDENCE NO. 937 N. Luzerne St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: XXXXXX

6 DATE OF BIRTH (month, day, and year): Jan 31/25

7 AGE — Years: 1 — Months: 2 — Days: 14 15 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Joseph E. Svrjeck

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Cammilla M. Zika

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Joseph E. Svrjeck

(Address): 937 N. Luzerne Ave.

15 Filed 19 C. THOMPSON JONES, M. D. Registrar

R 16 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 15/26 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Tuberculosis-(Lungs, mediastinal glands, spleen, kidneys, intestines & meninges)

(Autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Gallo M. D.

(Coroner)

4/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

(Where disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill [redacted] Date of Burial: April 17 1926

20 UNDERTAKER: Elmer W. Franklin ADDRESS: 924 E. Eager St.

If DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, so state, as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

09557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 09557

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 12-6 WARD)

2-FULL NAME Mrs Sussie Hutchins

(a) RESIDENCE NO. 1711 St Paul St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sussie Hutchins

6 DATE OF BIRTH (month, day, and year): Jan 16, 1856

7 AGE: Years 70 Months 2 ~~Months~~ Days 28 If LESS than 1 day.. hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sussie Hutchins

(Address) 1711 St Paul St

15 Filed APR 16 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4 - 14 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-20- , 19 26 , to 4 - 14 - , 19 26 ,

that I last saw her alive on 4 - 14 - , 19 26

and that death occurred, on the date stated above, at 4 26 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] , M. D.

4/14, 1926 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 4-16 1926

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-008

E 09558

CERTIFICATE OF DEATH.

E 09558

REGISTERED NO. 188 E 09558

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brown

(a) RESIDENCE NO. 537 Orchard St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	"	"	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work wagon driver

(b) General nature of industry, business, or establishment in which employed (or employer) 02

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co

14 Informant Minnie Brown

(Address) 537 Orchard

15 Filed ..... 19 H. McMECHEN JONES, M. D. Registrar

APR 6 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Fem Lower & Rib by wagon wheel passing over, contusion body accidental

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

(signed) Jno H Hulton, M. D. (Coroner)

4/14 1926 (Address) 201 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Baltimore yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Yes

Former or usual residence 537 Orchard

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Vernon Date of Burial April 19 26

20 UNDERTAKER S. A. Brandenburg ADDRESS 1610 Pennsylvania Ave

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

See Letter in file April 25-1926 from Dr Beitzel

E 09559 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09559

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5131½ Park Heights Ave. WARD) 27-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Brannan

(a) RESIDENCE No. 5131½ Park Heights ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Mattie S Brannan

6 DATE OF BIRTH (month, day, and year) May 22-1873

7 AGE Years 52 Months 10 Days 22.

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laidi

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S Army

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edmund Brannan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Eliz. Wrightson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Miss Jennie Brannan 5131½ Park Heights Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17 I HEREBY CERTIFY, That I attended deceased from February 16 1926 to April 14 1926 that I last saw h[illegible] alive on April 14th 1926 and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Ebert C. Reitzel M. D.

4/5 1926 (Address) 4008 Belvidere Ave. Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood DATE OF BURIAL April 16 1926

20 UNDERTAKER Williams & Cook ADDRESS 502 S Martha

4/6/1926 THOMPSON JONES, M. D.

4038 Belvidere Ave

HION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09560

CERTIFICATE OF DEATH.

-001

24E 09560

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Edmondson Ave., ST., 16 W WARD)

2-FULL NAME Margaret E. Ray

(a) RESIDENCE NO. 3520 Edmondson Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George G. Ray

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Tojer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rebecca Colson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Jesse F. Galloway

(Address) 3515 Edmondson Ave.

15 Filed APR 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to April 14, 1926, that I last saw h alive on April 14, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

April 16, 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL April 17 1926

20 UNDERTAKER Harry H Wade

ADDRESS 103 N Eutaw St

IMPORTANT: Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09561 E 09561

CERTIFICATE OF DEATH.

REGISTERED NO. 2561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 216 N. Second ST., Brooklyn WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert S. Hargis

(a) RESIDENCE NO. 216 N. Second ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ida J. Hargis

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Virginia

PARENTS

10 NAME OF FATHER James F. Hargis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Missouri Mears

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Ida J. Hargis (Address) 216 N. 2nd. St. Brooklyn

15 Filed APR 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to April 13, 1926, that I last saw him alive on April 13, 1926, and that death occurred, on the date stated above, at 2.16 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Meh6-26)

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Robert Wilkinson M. D.

, 19 (Address) Brooklyn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL APRIL 17, 26

20 UNDERTAKER John F Denny — ADDRESS 715 Lombard St

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09562 90 E 09562

E 09562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2136 Division St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Curray

(Residence in Baltimore: No. 2136 Division St. St.: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widowed

6-DATE OF BIRTH: about 1877 (Month), 1 (Day), (Year)

7-AGE: 49yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Westmoreland Co. Va.

PARENTS.

10-NAME OF FATHER: Thomas Curray

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Johnson

(Address) 2136 Division St.

15-

Filed APR 16 1926, 191 — W. HAMPSON JONES, M. D. Registrar. K K

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 14, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy (Coroner) M. D.

April 15 1926 (Address) 2802 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemtery

DATE OF BURIAL: April 18 1926

20-UNDERTAKER: Mrs Jas M. Dennis Rep T. E. Nelson

ADDRESS: 710 Preston

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

E 09563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Colonial Hospital ST.) 15-13188-093 REGISTERED NO. C

(Residence in Baltimore: No. 1368 Whatcoat ST.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Young 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married.

6-DATE OF BIRTH, Unknown (Month) — (Day) 1877 (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

PARENTS.

9-BIRTHPLACE, (State or Country), A.A.Co Md

10-NAME OF FATHER, Josiah Ennis.

11-BIRTHPLACE OF FATHER (State or Country), A.A.Co Md.

12-MAIDEN NAME OF MOTHER Sallie Simms

13-BIRTHPLACE OF MOTHER (State or Country), A.A.Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy Young

(Address) 1368 Whatcoat St.

15- Filed Apr 16 1926, 19.. C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 19 26 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of both legs
Automobile accident

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Emphysema of lungs
leg and chronic kidney trouble (Duration) yrs. mos. ds.

(Signed) C. Hampson Jones M. D. (Coroner)

April 15 19 26 (Address) 2802 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, April 16 1926

20-UNDERTAKER Mrs. S. H. Dennis ADDRESS 1303 Pressman St.
Dr. T. E. Kelson

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-1921—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 09564 — CERTIFICATE OF DEATH. — 154 E 09564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Williams.

(a) RESIDENCE NO. 1037 Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton 0/10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 16 1926 HAMPSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 11th, 1926, to April 13th, 1926, that I last saw h alive on April 13th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paraplegia

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Nephritis chronic

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? In Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 4/18 1926

20 UNDERTAKER Edward Bryon — ADDRESS 1331 Orleans St

THIS is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09565

CERTIFICATE OF DEATH.

129 E 09565

1-PLACE OF DEATH St Joseph's Hosp. — REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 61 WARD)

2-FULL NAME Mary Campbell

(a) RESIDENCE NO. 406 Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female — 4 COLOR OR RACE: Black — 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24, 1902

7 AGE — Years: 24 25 — Months: ..... — Days: 21 22 — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: Isaac Cornish
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Annie
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Geo Co. Md.

14 Informant: Martha Campbell
(Address) 406 N. Bethel st

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
Per .....

RT 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926

17 I HEREBY CERTIFY, That I attended deceased from February 3, 1926, to April 15, 1926, that I last saw her alive on April 15, 1926, and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

(Chronic) Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Chr Nephritis
(duration) Hypertension yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. M. Rogers, M. D.

4/15, 1926 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: April 18 1926

20 UNDERTAKER: D Edward Bowman — ADDRESS 1631 Orleans st

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

Prudence Bostic

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 09566

CERTIFICATE OF DEATH.

E 09566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 W. Hoffman ST., 11-1 WARD)

2-FULL NAME Prudence Bostic

(a) RESIDENCE NO. 327 W. Hoffman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj Bostic.

6 DATE OF BIRTH (month, day, and year): 8 V 3

7 AGE: Years 73. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Conley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sola Anderson

(Address): 327 W. Hoffman St

15 Filed: APR 16 1926 Registrar: R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/14 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2d, 1926, to April 14, 1926, that I last saw h[illegible] alive on April 13, 1926, and that death occurred, on the date stated above, at 2:10 P.M.

The CAUSE OF DEATH* was as follows:

Progressive Cardiac Insufficiency

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Hardening of Aorta

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 924 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Apr 16 1926

20 UNDERTAKER: Mrs. R.G. Elliott — ADDRESS: 725 Fairmount Ave

IMPORTANT. See instructions on back of certificates. EXACT statement of OCCUPATION is very important.

Spec. No. 21—M&T—1500 Blks.

19054-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09567

E 09567

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 5-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Townsend.

(a) RESIDENCE NO. 1202 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6 DATE OF BIRTH (month, day, and year) 10 Dec 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14 4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER Ernest Townsend

11 BIRTHPLACE OF FATHER (city or town) Ind. (State or country)

12 MAIDEN NAME OF MOTHER Lillian Hawks

13 BIRTHPLACE OF MOTHER (city or town) Ind. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... C. HAMPSON JONES, M.D. Registrar

EK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16th 26

17 I HEREBY CERTIFY, That I attended deceased from April 2nd, 1926, to April 14th, 1926, that I last saw him alive on April 14th, 1926, and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncial

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1202 E Jefferson St.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thos. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edehmy Cemetery — DATE OF BURIAL April 16 1926

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland ave.

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1926 E 09568

HEALTH DEPARTMENT—CITY OF BALTIMORE

Ded

9 E 09568

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Harris

(a) RESIDENCE NO. 738 S. Hartford Ave ST., Balto WARD — Md —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER James Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Wilhelmina Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant (Address) Records —

15 Filed , 19 JOHNS HOPKINS HOSP., M. D. APR 16 1926 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17

I HEREBY CERTIFY, That I attended deceased from April 13 , 1926 , to April 14 , 1926 , that I last saw him alive on April 14 , 1926 , and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Thomas W Cornwall M. D.

, 19 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leahy Cemetery

DATE OF BURIAL April 16 1926

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

IT IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09569

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 E. Biddle ST., 8th WARD)

2-FULL NAME Anna Kaltenhauser

(a) RESIDENCE No. 2116 E. Biddle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Kaltenhauser

6 DATE OF BIRTH (month, day, and year): August 27 1889

7 AGE: Years 36 Months 8 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Hemelberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: Mary Stuberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Conrad Kaltenhauser

(Address) 2116 E. Biddle St

15 Filed APR 15 1926 19 ..... Registrar

C. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 19 26 to Apr 14 19 26.

that I last saw h[illegible] alive on Apr 10 19 26

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Reynolds M. D.

19 (Address) 507 N. Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 17 26

20 UNDERTAKER: Mrs C. Miller - Son ADDRESS 2334 Jefferson

THION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

1886 45

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09570

CERTIFICATE OF DEATH.

× 49 E 09570

1-PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Wm. Craig McCarter

(a) RESIDENCE NO. Simcoe, ontario, Canada ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ mrs. mary mcCarter

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of Industry, business, or establishment in which employed (or employer) gd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ontario

PARENTS

10 NAME OF FATHER John McCarter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Craig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records

(Address)

15 Filed 6 1926 19 HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6 1926 to April 15 1926.

that I last saw h alive on April 15 1926

and that death occurred, on the date stated above, at 4.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma y prostata
& metastases

(duration) yrs. 10 mos 15 ds.

CONTRIBUTORY (Secondary) Pyaemia.

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Began in Canada.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Cystoscopic Exam

(Signed) Raeph T. Bowers, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Simcoe Ontario Canada — DATE OF BURIAL 4/16 1926

20 UNDERTAKER Phillips Herring — ADDRESS 2016 Orleans

FROM is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09571

CERTIFICATE OF DEATH.

+ 7 E 09571

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital 5-2

CITY OF BALTIMORE: (NO. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Kelly

(a) RESIDENCE NO. 314 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: cd

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 - 1919

7 AGE: Years 6 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Lane Va.

PARENTS

10 NAME OF FATHER Benny Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Whitlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Emma Kelly (Address) 314 N. Eden St.

15 Filed R 1 6 1926 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13- 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-12-26. 19 . to 4-13-26. 19 .

that I last saw h— alive on 4-13-26. 19

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Actons Cemetery DATE OF BURIAL: Apr 17 1926

20 UNDERTAKER: Chris. H. Johnson ADDRESS: 406 N. Caroline St

Spec.—12-9-25—A C.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09572

CERTIFICATE OF DEATH.

44

E 09572

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1630 Thames St. Ward)

2-FULL NAME Wladyslaw Gorski

(a) RESIDENCE NO. 1630 Thames St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15 - 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)_____

(State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

14 Informant Wladyslaw Gorski

(Address) 1630 Thames St

15 Filed Apr 17, 1926 C. HAMILTON JONES, Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15. 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 3rd, 1926, to Apr 15, 1926, that I last saw h.. alive on Apr 11, 1926, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) A. Flax, M. D.

Apr. 16, 1926 (Address) 24 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial April 17 1926

20 UNDERTAKER W. H. Ozazewski ADDRESS 1930 Eastern Ave

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1109 Binney St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Joseph Finnerty

(a) Residence No. 1109 Binney St., 14 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of none

6-DATE OF BIRTH (month, day and year) Aug 14 1903

7-AGE. 22 yrs. 7 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer). Box factory

(c) Name of employer. Carter Box Co.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS

10-NAME OF FATHER. John Francis Finnerty

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER. Margaret Cooney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). New York N.Y.

14- (Informant) Mrs. Margaret Finnerty

(Address) 1109 Binney St.

15-

Filed ..... 192 ..... Registrar.

6 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 13 26

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to April 13 1926

that I last saw him alive on April 12 1926

and that death occurred, on the date stated above, at 7.20 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Syncope

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Bacilli

(Signed) H. Armitage M. D.

4/16 1926 (Address) 1014 50 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. — DATE OF BURIAL. April 17th 1926

20-UNDERTAKER. Lilly & Zeller — ADDRESS 403 S. Mount St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09574

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital 18-1 Registered No. 161-002

City of BALTIMORE: (No. Lombard & Greene St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Edwards

(a) Residence No. 219 N. Schroeder St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) apr. 13, 1926

7-AGE. ....yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Howard Keys

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Viola Edwards

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- (Informant) Viola Edwards

(Address) 219 N. Schroeder St.

15- Filed 6 1926 By C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) april 14, 1926

17- I HEREBY CERTIFY, That I attended deceased from april 13 1926 to april 14 1926

that I last saw him alive on april 14 1926

and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Intra cranial hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Phys. Exam. and Autopsy

(Signed) Frederick A. Snyder M. D.

apl 14. 1926. (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ...19....

20-UNDERTAKER. ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 09575

HEALTH DEPARTMENT—CITY OF BALTIMORE

122 E 09575

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22-2 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Colley

(a) RESIDENCE NO. 19 E. Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years 53 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 1 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per WKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 29 19 26, to April 14, 19 26.

that I last saw him alive on April 14, 19 26

and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver (alcoholic)

(duration) yrs. 3 (History) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller, M. D.

4/16/19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loc. Hast

DATE OF BURIAL 4/16 1926

20 UNDERTAKER J. J. Turley & Sons

ADDRESS 1816 Eight St

PRINT IN INK. WRITE PLAINLY. IT IS VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 5-5 E 09576

58-01 E 09576

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Ilsley

(a) RESIDENCE NO. 908 Argyle Ave ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE Years: 69 yrs. Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Chas. Ilsley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER: Lentocorent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friends —
(Address) JOHNS HOPKINS HOSPITAL

15 6 1926 C. HAMPSON JONES, M. D. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 — 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1926, to April 15, 1926, that I last saw him alive on April 15, 1926, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Louis C. Martin M. D.

4/16/26 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn — DATE OF BURIAL: Apr 19 26

20 UNDERTAKER: Samuel Stanley & Bridle — ADDRESS 5??

This is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09577

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Milton Ave ST.) 8-3 (WARD)

2-FULL NAME Joseph B. Miller

(a) RESIDENCE NO. 1523 N. Milton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Mar 31st 1903

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	0	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk 864

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. R. & E. Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John M. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Amelia Bechman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John M. Miller (Address) 1523 N. Milton ave

15 Filed 4 16 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 25 to Apr 14 1926, that I last saw h alive on Apr 13 1926 and that death occurred, on the date stated above, at 515 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. White Jr M. D.

4/15 1926 (Address) 7800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mon Holy Redeemer DATE OF BURIAL 4/17/26

20 UNDERTAKER Geo Weber & Son ADDRESS 2503 E Monument ave

HON is very important. See instructions on back of certificates.

OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 09578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Johns Hopkins Hospital

CITY OF BALTIMORE: (No. Broadway & Monument ST., 91 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Carroll

(a) RESIDENCE NO. Parkton P.O., Balto County ST., WARD Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Carroll

6 DATE OF BIRTH (month, day, and year) Feb 9 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Harmon

11 BIRTHPLACE OF FATHER, (city or town) ? (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ethel Morris

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Virginia

14 Informant C. Beckham

(Address)

15 6 1926 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr-15-1926

17

I HEREBY CERTIFY, That I attended deceased from Mar-20-1926, to April-15-1926, that I last saw h e alive on April-15-1926, and that death occurred, on the date stated above, at 3:05 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(Streptococcus)

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Metastatic abscess in lung (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Beckham, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkridge Crm. Howard Co DATE OF BURIAL April 18 1926

20 UNDERTAKER Wilbur W. Shivers ADDRESS 1018 Edmondson Ave.

FROM A very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 09579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09579

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Childrens Hospital School REGISTERED NO. C 159

CITY OF BALTIMORE: (No. Greenspring Ave. and 41st. st ST. 13-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patricia ANN Collings

(Residence in Baltimore: No. Saxapinsville Kentucky St.; yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. December 13, 1925
(Month) (Day) (Year)

7-AGE. yrs. 4 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Louisville, Kentucky

PARENTS.

10-NAME OF FATHER, Benjamin H. Collings

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Mary Fliz. Hagerman

13-BIRTHPLACE OF MOTHER (State or Country), Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E.R. Shands Jr.

(Address) Childrens Hospital School

15-

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar.

Par R R H

16 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 16 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1926, to April 16 1926, that I saw her alive on April 16 1926, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Surgical Shock

Secondary Anemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Spina Bifida

(Duration) yrs. 4 mos. 13 ds.

(Signed) E.R. Shands Jr. M. D.

April 16, 1926 (Address) Childrens Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. 10 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Louisville, Ky

19-PLACE OF BURIAL, OR REMOVAL. Louisville Cemetery Co. DATE OF BURIAL. April 17, 1926

20-UNDERTAKER Kirkham & Lore ADDRESS 1123 Lafayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09580 — 129 — E 09580

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 784 W. Hamburg St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Chambers

(a) RESIDENCE NO. 784 W Hamburg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb. 12 — 1868

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
58	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kennedy Iron Foundry

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Thos. Chambers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Emmaline Fogel.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs Catherine Chambers

(Address) 784 W Hamburg St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 April. 14

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1926, to Ap. 14, 1926, that I last saw him alive on Ap. 13, 1926, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. of urine

(Signed) Wm S. Bishop, M. D.

, 19 (Address) 730 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Cathedral Cem. 4-17 1926

20 UNDERTAKER — ADDRESS

James Lynam & Son. 1000 S Paca St

very important. See instructions on back of certificates. [illegible] statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 09581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09581

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pete Spyk

(a) RESIDENCE No. 721 W Hamburg St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sophia Spyk

6 DATE OF BIRTH (month, day, and year) May 22, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cowbroom Prep 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Cornelius Spyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Cath. Virginanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Sophia Spyk

(Address) 721 W. Hamburg St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

For CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17

I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to April 16, 1926, that I last saw him alive on April 16, 1926 and that death occurred, on the date stated above, at 12 34 a m.

The CAUSE OF DEATH* was as follows:

Angina Ludovici
(Staphylococcic)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/6/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Myron G. Tull, M. D.

4/16 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4-17 1926

20 UNDERTAKER Dennis Degnan & Son

ADDRESS 1000 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09582

CERTIFICATE OF DEATH.

74E 09582

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Curley ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Fetsch

(a) RESIDENCE NO. 623 N. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Fetsch

6 DATE OF BIRTH (month, day, and year): 12/13/1853

7 AGE: Years 72 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Hall

(Address): 623 N Curley St

15 Filed 16 1926

C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to April 15, 1926

that I last saw h[illegible] alive on April 11, 1926

and that death occurred, on the date stated above, at 12 21 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leo. Heller M. D.

4/16, 1926 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 4/17 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

THIS IS very important. See instructions on back of certificates. Except statement of [illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09583

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2304 Harford Ave ST. 9-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noble Lorraine Wilson

(a) RESIDENCE. No. 2304 Harford Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Helen Wilson

6 DATE OF BIRTH (month, day, and year) Sept 7-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Sarah Bosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City.

14 Informant Bessie Bohart
(Address) 4633 Harford Ave.

15 Filed APR 16 1926 C. HAMPSON JONES, M. D., Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 15, 1926, that I last saw him alive on April 13, 1926, and that death occurred, on the date stated above, at 1 45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tb

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum + X-ray

(Signed) George Alvin Bowen, M. D.

4/15 1926 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 4/17 1926

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

E 09584

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 09584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 5-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Brandenburger

(a) RESIDENCE NO. 209 N. High St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte B. Brandenburger

6 DATE OF BIRTH (month, day, and year) January 31/1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wagon Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Ruse & Co.

(c) Name of employer Furnitire

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Julius Brandenburger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hopkins & Wm Cook

(Address)

15 Filed C. HAMPSON JONES, M. D.

6 1926 By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of pyloric end of stomach with extensive metastases. (Autopsy at Hopkins) over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pollitzer, M. D.

(Coroner)

4/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Date of Burial Apr 17 1926.

20 UNDERTAKER Wm. Cook ADDRESS 502 E North Ave

Very important. See instructions on back of certificate. Exact statement of OCCUPAT[illegible] is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09585

101-001

E 09585

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4233 Euclid Ave St. 28-5 Ward)

2-FULL NAME Emma L. Schnepfe

(a) RESIDENCE NO. 4233 Euclid Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of / WIFE of: Elias H. Schnepfe

6 DATE OF BIRTH (month, day, and year): November 11th 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Hershberger

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Emma V. Stadtler

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Elias H. Schnepfe

(Address) 2302 Auchentoroly Ter

Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 15, 1926

that I last saw h... alive on , 19...

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

5 days

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Stephen J. Hyland, M. D.

4/16 1926 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial 4th 1925

20 UNDERTAKER: F. B. Hilpert ADDRESS: 1850 W. Baltimore St

Very important. See instructions on back of certificate. FAILURE TO STATE FULL INFORMATION AS TO OCCUPATION IS

Spec.—1-12-23—M&T—500 Bks.

E 09586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 - 001

E 09586

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1766 Montpelier ST. 9-3 WARD)

2-FULL NAME Jerome Richard Esslinger

(a) RESIDENCE No. 1766 Montpelier St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single —

6 DATE OF BIRTH (month, day, and year) Oct 13 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Richard Esslinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eva Rosenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Richard Esslinger (Address) 1514 E. Baltimore St. Balto

7 1926 C. HAMPSON JONES, M. D. Registrar

Per ORR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1925 to April 16 1926 that I last saw him alive on April 16 1926 and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Hydrocephalus (Congenital)

(duration) yrs. 6 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter C Bacon, M. D.

7/16/26 (Address) 100 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 17 1926

20 UNDERTAKER Chas. D. Black

ADDRESS 772 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09587

CERTIFICATE OF DEATH.

31 E 09587

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N Fouton Ave ST. 15-13 WARD)

Fulton

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence F. Eckman

(a) RESIDENCE No. 1311 N Fouton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23rd 1902

7 AGE: Years 24 | Months 9 | Days 21 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer): Penna R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Charles Eckman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Mary Trimmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dover Penna.

14 Informant Chas Eckman

(Address) 1311 N Fouton Ave.

15 Filed APR 7 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1926

17 I HEREBY CERTIFY, That I attended deceased from February 10, 1926, to April 14, 1926.

that I last saw h was alive on April 14, 1926.

and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Tuberculous pulmonary meningitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gross Lumbar punct

(Signed) G. K. A. Harper, M. D.

15-IV, 1926 (Address) 2431 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem Reisterstown — DATE OF BURIAL: April 17th 1926

20 UNDERTAKER: Leo G. Cook — ADDRESS: 1723 Pattk

Every statement of OCCUPA- ... EXACT statement of OCCUPA- ... See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 09588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09588

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Baltimore ST., (or) Ward 6 3

REGISTERED NO. 74-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry John Vogt

(a) RESIDENCE NO. 26 N. Ellwood ave ST., WARD Balto, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Vogt

6 DATE OF BIRTH (month, day, and year) 1-21-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Policeman

(b) General nature of Industry, business, or establishment in which employed (or employer) Police Officer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John Vogt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Gaisdorf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Vogt

(Address) 26 N. Ellwood ave

7 1926 C. HAMPSON JONES, M. D. Registrar

P.M. Reed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-10, 1926, to 4-13, 1926, that I last saw him alive on 4-13, 1926, and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Hypertension (Arterial)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Lennon, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL April 17, 1926

20 UNDERTAKER Fred. A. Williamson — ADDRESS 703 S. Howard

INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

E 09589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 09589

12-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21 E. 22d. ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie V. Webb

(a) RESIDENCE NO. 21 E. 22d. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER William G. Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Amanda C. Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Harry W. Webb

(Address) 516 W. Charles St.

15 Filed 7 1926 19 G. HAMPSON JONES, M. D. Registrar

Per ----------

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apl 12 1926 to Apl 15th 1926.

that I last saw her alive on Apl 15th 1926.

and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) 0 yrs. 3 mos. -- ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of --

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) Chas W Garrard M. D.

Apl 16 1926 (Address) Baltimore —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 4/17, 1926

20 UNDERTAKER: Henry W Means & Son

ADDRESS: 835 N Calvert St

See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09590 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Elsrode Ave WARD 27-12)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Richard Daw

(a) RESIDENCE NO. 4608 Elsrode Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 3, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	3	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (illegible)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Boston Mass, (State or country)

PARENTS

10 NAME OF FATHER Albert F. Daw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass.

12 MAIDEN NAME OF MOTHER Marie Lange

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant (Address) Mrs Ida Daw Chestnut ave, Parkville

15 4/17 1926 C. HAMPSON JONES, M. D. Registrar Per Asst.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 16 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/9 .1926. to 4/16 .1926.

that I last saw him alive on 4/16 .1926,

and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) (illegible), M. D.

4/16 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery. DATE OF BURIAL: April 17 1926

20 UNDERTAKER: Robt. T. Turner, Inc ADDRESS 1442 N. Broadway

Spec.—12-23-21—E.B.R.S.—400 Bks.

E 09591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09591

101-001

CERTIFICATE OF DEATH.

21-3

1-PLACE OF DEATH S Poppleton

City of BALTIMORE: (No. 336 S. Papeeton St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM A. POPECKA

(a) Residence No. 336 S. Poppleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): March 10. 1887

7-AGE.	If LESS than 1 day.
39 yrs. 1 mos. 6 ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of Industry, business, or establishment in which employed (or employer): Tailor

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Noknow

11-BIRTHPLACE OF FATHER (city or town) Lithvania (State or Country),

12-MAIDEN NAME OF MOTHER, No.

13-BIRTHPLACE OF MOTHER (city or town) Lithvania (State or Country).

14- (Informant) John Grebliauckas (Address) 423 S. Paca Street

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per AKH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr 16 1926

17- I HEREBY CERTIFY, That I attended deceased from April 16 1926 to Apr 16 1926 that I last saw him alive on Apr 16 1926 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? - No -

What test confirmed diagnosis? Clinical

(Signed) M. L. Frankenberger M. D.

4/17, 1926 (Address) 682 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 19, 1926

20-UNDERTAKER,	ADDRESS
John Grebliauckas	423 S Paca St

2.9

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09592

CERTIFICATE OF DEATH.

1-00-00 E 09592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Baumann

(a) RESIDENCE NO. 3230 E-Lombard ST., Baltimore Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Baumann

6 DATE OF BIRTH (month, day, and year) Oct. 28-1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
68 Yrs.	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Sweeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Charles Baumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger—

14 Informant Records

(Address) JOHNS HOPKINS HOSP.

15 7 1926 C. HARRISON JONES, M. D.

19 Per AR 10 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17

I HEREBY CERTIFY, That I attended deceased from March 5 1926 to April 16 1926 that I last saw him alive on April 16 1926 and that death occurred, on the date stated above, at 4 5-6 P.m.

The CAUSE OF DEATH* was as follows:

Simple Prostatic Hypertrophy

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? Yes. Date of March 21. 26

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Gilbert Wenckebach M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery

DATE OF BURIAL April 20 19 26

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

E 09593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09593

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 W. Lexington St. 18-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silas Dewey Saunders

(a) RESIDENCE NO. 1136 W. Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE — Years: 20 — Months: — Days: — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grinder

(b) General nature of industry, business, or establishment in which employed (or employer): Bath tubs

(c) Name of firm: Standard Sanitary Mfg. Co.

9 BIRTHPLACE (city or town) (State or country): Thor South Carolina

PARENTS

10 NAME OF FATHER: Sampson Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Thor South Carolina

12 MAIDEN NAME OF MOTHER: Anna Benjamin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Thor South Carolina

14 Informant: Sarah Saunders

(Address): 1136 W. Lexington St

15 1926 . 19 . C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926. to April 10 1926. that I last saw h[illegible] alive on April 14, 1926, and that death occurred, on the date stated above, at 12.[illegible] m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 6 dy.

CONTRIBUTORY (Secondary) bronchopneumonia

(duration) yrs. mos. 4 dy.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John L. H. Camper M. D.

. 19 (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edison S. C.

DATE OF BURIAL: April 17/926

20 UNDERTAKER: Samuel Easton

ADDRESS: 6a ave

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 09594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09594

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Greenmount Ave ST.) 4-4 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth K. de Lormis

(a) RESIDENCE. No. 2413 Greenmount ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] 1851

7 AGE: Years 75 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Edward de Lormis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha Whitelock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Hodson
(Address): Severna Md

15 Filed 7 1926 . 19 C. HAMPSON JONES, M. D. Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1 . 1926. to April 16 . 1926.
that I last saw h[illegible] alive on April 15. . 1926.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Cancer of Rectum

Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Stricture of Sigmoid (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Palpation & Inspection

(Signed) W. K. Ingram, M. D.

. 19 (Address) 743 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauden Park — DATE OF BURIAL: 4/17/26

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09595

CERTIFICATE OF DEATH.

31 E 09595

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. George Mitchell St. 19-1 Ward)

2-FULL NAME 21 N. Bruce St.

(a) RESIDENCE NO. 21 N. Bruce St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Neg.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March. 30th. 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of Industry, business, or establishment in which employed (or employer) Clothing store

(c) Name of employer Mertz and Mertz.

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Mitchell

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Mary Henderson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant Elizabeth Brown (Sister)

(Address) 21 N. Bruce St.

7 1926 19 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14th. 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 7th 1925, to April 14th. 1926,

that I last saw him alive on April 14th, 19____,

and that death occurred, on the date stated above, at 12:10 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted At place of death

If not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: April 7 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 15-11 (WARD) 24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Lott

(a) RESIDENCE NO. 2202 N. Fulton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals (Address) Records

15 Filed 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1926, to April 16, 1926, that I last saw h[illegible]live on April 16, 1926, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension ? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Nikel M. D.

4/18, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL apl 19-26

20 UNDERTAKER Putnam & Co. — ADDRESS 1923 W. Lexington St.

Spec.—1-10-21—M&T—1500 Bks.

(Parker)

E 09597

HEALTH DEPARTMENT—CITY OF BALTIMORE

56-E 09597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 University Hospital ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Parker

(a) RESIDENCE NO. 522 Pine St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maria Parker

6 DATE OF BIRTH (month, day, and year) Jan 17, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
53	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina (State or country)

PARENTS

10 NAME OF FATHER Edmund Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Maria Parker

(Address) 522 N. Pine St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13/26, 19

17 I HEREBY CERTIFY, That I attended deceased from April 8, 19 26, to April 12, 19 26, that I last saw him alive on April 12, 19 26, and that death occurred, on the date stated above, at 6/5 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual findings

(Signed) W. [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 4/17 19 26

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 09598

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
100 E 09598

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver (St.) 13-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horatio Snyder

(a) RESIDENCE NO. 3547 Roland ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Snyder

6 DATE OF BIRTH (month, day, and year): July 28, 1873

7 AGE: Years 52; Months 8; Days 19; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Feeder Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Wm D Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ora Gans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jessie M. Snyder

(Address): 3547 Roland Ave.

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 16, 1926, that I last saw h alive on April 16, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) J. Joseph Lowbey, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary is Hampden — DATE OF BURIAL: April 19, 1926

20 UNDERTAKER: E. LeRoy Stefflen — ADDRESS: 125 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09599 1-091 E 09599

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Millett Sweitzer

(a) RESIDENCE No. 30 S. Hilton Street ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 10 mos. 30 ds. How long in U. S., if of foreign birth? 22 yrs. 10 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie O'Niell Sweitzer

6 DATE OF BIRTH (month, day, and year) May-15-1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lithographer 063

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Can Business

(c) Name of employer Federal Tin Company

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles S. Sweitzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Melva R. Diven

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mr. Charles S. Sweitzer (father)

(Address) 30-S-Hilton Street

15 Filed ..... 19 ..... Registrar

For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14th 26

17

I HEREBY CERTIFY, That I attended deceased from 4-3 ....., 1926, to apr. 14, 1926.

that I last saw h[illegible] alive on apr 14, 1926,

and that death occurred, on the date stated above, at 7.00 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Perforation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of apr 5

Was there an autopsy? No. Widal + Physical signs

(Signed) R. S. Audubon, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery.

DATE OF BURIAL: April-17-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

APR 17 1926 G. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 09600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 09600

CERTIFICATE OF DEATH.

+ 495

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henry Tweedy

(a) RESIDENCE NO. 121 Haddon ave. ST., WARD Collingswood, N. J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? 57 yrs. 1 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Tweedy

6 DATE OF BIRTH (month, day, and year) March 6 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Camden N.J.

PARENTS

10 NAME OF FATHER Joseph Tweedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant JOHNS HOPKINS HOSPITAL (Address)

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 29 . 1926 . to April 16 . 1926 .

that I last saw him alive on April 16 . 1926 .

and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Urinary Bladder

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? N J

Did an operation precede death? Yes Date of April 6-26

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Electrics & Blood

(Signed) Robert W McGlinn M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisonburg Va. DATE OF BURIAL April 17. 26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH A

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09601

CERTIFICATE OF DEATH.

31 E 09601

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4110 Dalrymple Ave St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isidore C J Braunstein

(a) RESIDENCE NO. 4110 Dalrymple Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Braunstein

6 DATE OF BIRTH (month, day, and year) June 21 1894

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	31	09	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing 8-6

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Phila Pa

(State or country)

PARENTS

10 NAME OF FATHER Morris Braunstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Bookan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Nat Siegel

(Address) 4110 Dalrymple Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from January, 1922, to April 16, 1926, that I last saw h.. alive on April 15, 1926, and that death occurred, on the date stated above, at 6.9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial

Insufficiency (duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum exam

(Signed) Samuel Solomon, M. D.

19 (Address) 2444 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem Date of Burial 4/18 1926

20 UNDERTAKER Jack Levis ADDRESS 1434 Eutaw

Any inquiries and instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Glika Lipnick

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09602

90 E 09602

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3516 Holmes ave St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Glika Lipnick

(a) RESIDENCE NO. 3516 Holmes ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius H. Lipnick

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Julius H Lipnick

(Address) 3516 Holmes ave

15 Filed 7 1926 19

C HAMPSON JONES M D

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/10 1926 to 4/16 1926,

that I last saw her alive on 4/16 1926,

and that death occurred, on the date stated above, at 10-10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral arterio sclerosis and Chronic Myocarditis (Senile)

(duration) one yrs. 2 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) Dan Drandem, M. D.

4/17, 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Rehrer Hebrew Rem 4/18 1926

20 UNDERTAKER — ADDRESS

Jack Laurie 437 E Balt St

Keep important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09603 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09603

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital 27-5 WARD)

2-FULL NAME Mrs Minnie Cohen

(a) RESIDENCE NO. 5 Belvedere Ave & Pimlico Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Cohen deceased

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Etta Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Aaron Cohen

(Address) Belvedere Ave & Pimlico Rd

15 Filed 17 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 14, 1926, to Apr 16, 1926, that I last saw her alive on Apr 16, 1926, and that death occurred, on the date stated above, at 1:40 P.M.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab. & Clinical Data.

(Signed) Arthur A Lape M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cem

DATE OF BURIAL 4/18 1926

20 UNDERTAKER Jack Levis

ADDRESS 1409 E Balt St

Spec.—1-12-23—M&T—500 Bks.

E 09604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09604

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 76-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Sanft

(a) RESIDENCE No. 3821 Philadelphia Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Sanft.

6 DATE OF BIRTH (month, day, and year) May 26 - 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50 51		10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Sanft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ewalt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed 4-19 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 19 26

17

I HEREBY CERTIFY, That I attended deceased from February 23, 19 26, to April 15, 19 26,

that I last saw him alive on April 15, 19 26,

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Freedman M. D.

, 19 (Address) Bethany City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	April 19 1926
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 09605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09605

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH 638 S. Kenwood Ave.

CITY OF BALTIMORE: (No. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kleiner

(a) RESIDENCE No. 638 S. Kenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? 24 yrs. 2 mos. 7 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Adolph A. Kleiner

6 DATE OF BIRTH (month, day, and year) Feb. 8, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Peter Schmittel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Cecilia E. Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Father

(Address) 638 S. Kenwood Ave.

15 APR 7 1926 19

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20 1926 to ~~April 7~~ April 7 1926.

that I last saw h~~er~~ alive on April 14 1926,

and that death occurred, on the date stated above, at 4.35 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary & laryngeal tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. G. Dobihal M. D.

19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL April 19 1926

20 UNDERTAKER Lilly & Zile ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

E 09606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09606

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Marshall Court St. 16-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frieda Knapp

(a) RESIDENCE NO. 3301 Marshall Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. 6 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 26-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER August Knapp

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Schultz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant August Knapp (Address)

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 17, 1926, that I last saw her alive on April 16, 1926, and that death occurred, on the date stated above, at 6:10 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping cough

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nathan J. Dundas, M. D.

, 19 (Address) 3036 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Cem.	April 19th 1926
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09607

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1631 Division ST. 14-1 WARD)

2-FULL NAME Evelyn G. Benns.

(a) RESIDENCE. No. 1631 Division ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Benns.

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm. Benns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Evelyn Haynie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Bernard Benns (Address) 753 Dolphin St.

15 Filed 4/15 1926 G. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 14, 1926, that I last saw h[er] alive on April 14, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John D. Quinn, M. D.

4/15, 1926 (Address) 1507 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loan Oak Pk

DATE OF BURIAL 4/17/26

UNDERTAKER Samuel N. Brusley

ADDRESS 378 Belair

Spec.—1-10-21—M&T—1500 Bks.

E 09608 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09608

CERTIFICATE OF DEATH.

REGISTERED NO. 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W 38 St ST 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel C Parker

(a) RESIDENCE NO. 920 W 38 St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Annie Parker

6 DATE OF BIRTH (month, day, and year): Nov 12 1857

7 AGE: Years 69. Months 5 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Annie Parker

(Address) 920 W 38 St

15 Apr 7 1926 C. LAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to April 16, 1926,

that I last saw h alive on April 16, 1926,

and that death occurred, on the date stated above, at 1 P m

The CAUSE OF DEATH* was as follows:

Pneumonia - progressive

Final coma (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) Robt Normentol, M. D.

April 16, 1926 (Address) 314 3 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poplar Balto Co

DATE OF BURIAL: April 18 1926

20 UNDERTAKER: Ehenowetth Son

ADDRESS 361 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09609

CERTIFICATE OF DEATH

District Line 128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Annapolis Road St. Westport WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Joseph Robinson

(a) RESIDENCE NO. Annapolis Rd. St. Westport WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen D. Robinson

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm A. Robinson

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah McKoney

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Helen D. Robinson (Address) Annapolis Road.

15 Filed 7 1926, 19 C. KEMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 15, 1926, that I last saw her alive on April 15, 1926, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Rutherford Davis, M. D.

, 19 (Address) 1717 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Augustas Cem.	Sept 18 1926
20 UNDERTAKER Wm J. Tickner Sons	ADDRESS Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09610

E 09610

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Washington St. 6-2 WARD)

2-FULL NAME Mary A. Twist

(a) RESIDENCE NO. 214 N. Washington St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Twist

6 DATE OF BIRTH (month, day, and year) Dec. 24. 1851

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John A. Rogue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Katherine Allison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md.

14 Informant Mrs. Eliza Rockwell

(Address) Kolb and Hamilton

15 Filed 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1926, to April 15, 1926, that I last saw h[illegible] alive on April 15, 1926, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Apr 16, 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL Apr. 19 1926

20 UNDERTAKER Wm. J. Tickner Sons ADDRESS North Ave

Spec.—1-12-23—M&T—500 Bks.

E 09611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 09611

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E Eager st ST. 10-2 WARD)

2-FULL NAME Mary G. Williams

(a) RESIDENCE NO. 922 E. Eager St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. V. Williams

6 DATE OF BIRTH (month, day, and year) Jan 12, 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
55	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Mathew McNamara

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Fenny

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Sister Informant Mrs Margaret Horan

(Address) 922 E. Eager St

15 Filed APR 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/17, 1926 to 4/17, 1926.

that I last saw her alive on 4/17, 1926

and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wells M. D.

4/19, 1926 (Address) 914 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: April 21 1926

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 724 E Eager st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09612

CERTIFICATE OF DEATH.

101-001 E 09612

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1629 E. Pratt St. 3-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abrahams Abrams

(a) RESIDENCE NO. 1629 E. Pratt St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Abrams

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 44 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Water Dept

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): New York

PARENTS

10 NAME OF FATHER: Ruben Abrams

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Sarah Abrams

(Address): 1629 E Pratt St

C. THAMPSON JONES, D.

15 Filed APR 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13 1926, to April 17, 1926, that I last saw him alive on April 17, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted: Balto

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Paul V. Cole, M. D.

4/17, 1926 (Address) 223 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Cem

Date of Burial: 4/18 1926

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 E Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09613 REGISTERED NO.

FILE NO. OF DEATH E 09613

City of BALTIMORE: (No. 1501 N. Pulaski St. 15-13 Ward)

2-FULL NAME Joseph Russell

(a) RESIDENCE NO. 1501 W Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? [redacted] mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851 (Unknown)

7 AGE — Years 75 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Butler Russell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

11 Informant Emanuel Russell

(Address) 1501 W Pulaski St

15 Filed ..... 19 .....

Registrar

R 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 April 17

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 1926 to April 17 1926, that I last saw h.. alive on April 13 1926, and that death occurred, on the date stated above, at 8 20 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular heart Disease

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis!

(Signed) J Edward Fisher, M. D.

April 19 1926 (Address) 612 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Co. Md Date of Burial 4/19 1926

20 UNDERTAKER Samuel Hamilton & Bridle ADDRESS 578

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09614

CERTIFICATE OF DEATH.

90

E 09614

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 531 N. Mechanic St. 14-1 Ward)

2-FULL NAME Charlotte Cooper

(a) RESIDENCE NO. 531 N. Mechanic Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) (Century) 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St Mary's Co Md

PARENTS

10 NAME OF FATHER Frank S Carter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Lastt Cooper

(Address) 1338 N Fremont Ave

15 Filed APR 18 1926 19 R.E. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) G C Hadley M. D.

(Coroner)

Apr 17/26 (Address) 743 N 13 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 4/18/26

20 UNDERTAKER Samuel H Hemsley & Riddle ADDRESS 578

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09615

CERTIFICATE OF DEATH.

90

E 09615

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1006 Hillen St. 5-1 Ward)

2-FULL NAME Emma L. Gaul

(a) RESIDENCE NO. 1006 Hillen St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William P.

6 DATE OF BIRTH (month, day, and year): Jan — 1869

7 AGE: Years 57 | Months 3 | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: James Baker

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Miles

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto

14 Informant: William P. Gaul

(Address): 1006 Hillen St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to April 16, 1926, that I last saw her alive on April 16, 1926, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert L. Green, M. D.

4-17, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial April 19 1926

20 UNDERTAKER: Wm Cook & Son ADDRESS 1102 E. Balto

Spec.—1-10-21—M&T—1500 Blks.

Dr Green 120 Augusta St ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09616

CERTIFICATE OF DEATH.

101-001 E 09616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 (St.) Scott (Ward) 21-K

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miles J Grove

(a) RESIDENCE NO. 1006 ST., Scott WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M Grove

6 DATE OF BIRTH (month, day, and year): Nov 16, 1876

7 AGE: Years 49 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Captain 032

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Salvage Corp.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Grove

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Anna M Grove 1006 Scott St

Filed 4-18 1926 19 HAMPSON (DUPLICATE) Registrar

Green 120 Augusta St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 17, 1926, that I last saw him alive on April 17, 1926, and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt J Green, M. D.

4-17, 1926 (Address) 120 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: April 20 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

Dr Pearce — 2105 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09617

CERTIFICATE OF DEATH.

90 E 09617

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 N Charles St. 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas M West

(a) RESIDENCE No. 2112 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna West

6 DATE OF BIRTH (month, day, and year) Sept 2 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Receiving Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. C. & A RR.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George S West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Callahone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary E West (Address) 2112 N Charles St

15 Filed Apr 18 1926, 19 ... C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 19 26, to Apr 16, 19 26

that I last saw him alive on Apr 15, 19 26

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H H Pearce, M. D.

, 19 (Address) 2105 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stronktown, Va — DATE OF BURIAL Apr 18 1926

20 UNDERTAKER Wm. Cook — ADDRESS 5328 East Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09618

CERTIFICATE OF DEATH

160E 09618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1012 Forest (ST.) 10-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelina Grengi.

(a) RESIDENCE NO. 1012 Forest ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jul 5/26

7 AGE — Years — Months — Days 10 — If LESS than 1 day, hrs. ..... or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicola Grengi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Loria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Concetta Loria (Address) 1012 Forest St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-4-1926 to 4-15-1926; that I last saw h alive on 4-14-1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows: Prenatal debility —

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Jaundice.

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Demarco, M. D.

4-16 1926 (Address) 1024 Lidenauer

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jul 18 1926

20 UNDERTAKER Frank Evans & Son

ADDRESS 1906 Eutaw Pl

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09619

CERTIFICATE OF DEATH.

185

E 09619

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene ST. 25-11 WARD

2-FULL NAME John Joseph Lennert

(a) RESIDENCE No. 5 Elm St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lennert

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 140

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Jos. Lennert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Anna Lennert

(Address) 5 Elm St

15 Filed APR 18 1926 19 HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to April 16, 1926, that I last saw h.. alive on Jan 16, 1926, and that death occurred, on the date stated above, at 1 00 a.m.

The CAUSE OF DEATH* was as follows:

Fracture of dorsal spine (Cord)
Paralysis of lower extremities
Trophic ulcers

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Toxemia, Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thos. J. Cooney Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease causing death, or in deaths from Violent Causes state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Apr 19 1926

20 UNDERTAKER Frank Carleton

ADDRESS 1906 Eden

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09620

CERTIFICATE OF DEATH.

31

E 09620

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 967 N. Collington Ave. ~~St.~~ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Kohout.

(a) RESIDENCE NO. 967 N. Collington Ave. ~~St.~~ Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married.

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Julia Kohout.

6 DATE OF BIRTH (month, day, and year): Aug. 1st - 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....mis.
68	69	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Austria

(State or country) Europe.

PARENTS

10 NAME OF FATHER: Adam Kohout

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Europe.

12 MAIDEN NAME OF MOTHER: Marie Sousa

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Europe.

14 Informant: Frank J. Kohout

(Address) 967 N. Collington Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D.

Registrar

For K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15 1926

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1926 to April 15, 1926,

that I last saw him alive on April 15, 1926,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rawls M. D.

(Address) 801 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial April 19th 26

20 UNDERTAKER: Robt. T. Turner Inc. ADDRESS 1442 N. Broadway

Very important. See instructions on back of certificates.

E 09621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09621

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. West Balto. Gen. Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levinia Grim

(Residence in Baltimore: No. 1812 Linden ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, April (Month) 7 (Day), 1860 (Year)

7-AGE, 66 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proof Reader
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sun Print Co.

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, William D. Grim

11-BIRTHPLACE OF FATHER (State or Country), Balt. Maryland

12-MAIDEN NAME OF MOTHER Priscilla Grim

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm D. Grim

(Address) 1812 Linden Ave

15- Filed ..... 191.. C. HAMPSON JONES, M. D. Registrar.

PR 18 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestines

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) O. F. Hemmeter M. D. (Coroner.)

April 17 1926 (Address) 2812 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mary la Cemetery DATE OF BURIAL, April 24 1926.

20-UNDERTAKER Loudon Pk. ADDRESS 4839 Raynor

Spec.—1-10-21—M&T—1500 Bks.

E 09622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09622

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Spring) ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Robinson

(a) RESIDENCE NO. 146 N. High st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Robinson

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER A. Parville

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lucy Watkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address) Hospital Records

15 Filed R 18 1926 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 10, 19 26, to April 16, 19 26,

that I last saw h.. alive on April 16, 19 26,

and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) R. M. Slack M. D.

4-17, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakey Cemetery DATE OF BURIAL Apr. 18 19 26

20 UNDERTAKER Clark H. Johnson & H. Conlin ADDRESS

E 09623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09623

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 618 North Bice 16 Martha Gaither 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 618 North Bice St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	single

6-DATE OF BIRTH, March (Month) 17 (Day), 1852 (Year)

7-AGE, 74 yrs. 0 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Anundel Co. Md.

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugine H. Burnham

(Address) 618 N. Bice st

15-

Filed 19 1926, 191.....

C. HAMPSON JONES, M. D.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. 1 ds.

(Signed) D. G. Hemmeter M. D.
(Coroner)

April 16, 1926 (Address) 2801 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	4/19/26
20-UNDERTAKER	ADDRESS
Bernard Don	2503 Edmondson

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09624

CERTIFICATE OF DEATH.

57

E 09624

REGISTERED NO.

1-PLACE OF DEATH University Hosp.

CITY OF BALTIMORE: (No.) Balto ST. 22D (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sodonie M. Gehrmann

(a) RESIDENCE NO. 2812 Jefferson St. WARD Balto, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Wm —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Gehrmann

6 DATE OF BIRTH (month, day, and year) Nov 5-1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
64	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Wachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward A Gehrmann

(Address) 2812 Jefferson St

15 Filed APR 18 1926 E. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16/26 19

17 I HEREBY CERTIFY, That I attended deceased from 4-14, 1926, to 4-16, 1926, that I last saw her alive on 4-16-1926, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

Stupor (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Glycosuria

(Signed) W. E. Heaney, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Interment — DATE OF BURIAL 4/19/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson

Spec--12-23-21--E.B.R.S.--400 Bks.

Schunke ·

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09625

CERTIFICATE OF DEATH.

44

E 09625

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 N. Bentalou St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Schunke

(a) Residence No. 615 N. Bentalou St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Schunke

6-DATE OF BIRTH (month, day and year) June 3 1873

7-AGE. 52 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer): Real estate

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): S. Africa

PARENTS:

10-NAME OF FATHER: Schunke

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): France

14-(Informant) Mrs. M. Schunke

(Address) 615 N. Bentalou

15-Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

OCT 18 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 17/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1926 to Apr. 16 1926

that I last saw h. ~~alive~~ on Apr 16 1926

and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

~~Cancer~~ Sarcoma of liver

(Duration) 1 yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & microscopic

(Signed) Benj. Kaden M. D.

, 19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery April 19 1926

20-UNDERTAKER: George L. Schmidt & Co. ADDRESS: 2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09626

CERTIFICATE OF DEATH.

31

E 09626

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (12-3 ST., WARD)

2-FULL NAME August Gross

(a) RESIDENCE NO. 2502 Guilford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gross

6 DATE OF BIRTH (month, day, and year) Aug. 15-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
44	43	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed APR 18 1926 C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to April 17, 1926,

that I last saw him alive on April 17, 1926

and that death occurred, on the date stated above, at 7.05 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. S. M. Koch, M. D.

(Address) Baltimore City Hospitals

4-17-26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL April 19, 26

20 UNDERTAKER Zickler + Zickler

ADDRESS 1739 E Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 09627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09627

CERTIFICATE OF DEATH.

14-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3123 Dillon ST. (14 WARD)

2-FULL NAME Anna P. Smith

(a) RESIDENCE NO. 3123 Dillon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred. M.

6 DATE OF BIRTH (month, day, and year) March 25 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elton, Cecil Co. Md.

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER Mary Gebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co. Md.

14 Informant James R. Smith

(Address) 3123 Dillon St.

15 Filed APR 18 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 16, 1926, that I last saw h-e alive on April 16, 1926, and that death occurred, on the date stated above, at 11.20 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) Sudden yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilden, M. D.

4/17, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elton, Cecil Co., Md.

DATE OF BURIAL April 19 1926

20 UNDERTAKER Zickler + Zickler

ADDRESS 1739 E. Eager St.

Spec,—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09628

CERTIFICATE OF DEATH.

7H-001 E 09628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Hollen Road ST., 27-7 WARD)

2-FULL NAME Annie Stewart Turnbull

(a) RESIDENCE NO. 400 Hollen Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem.

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Wdw

5a If married, widowed, or divorced (or) WIFE of: Chester B Turnbull

6 DATE OF BIRTH (month, day, and year): June 6th 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	10	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work: Own wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Edward Uricks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Shepherdstown Va

12 MAIDEN NAME OF MOTHER: Annie Stewart Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant: Mrs Annie Turnbull (Address) 400 Hollen Road

15 Filed APR 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1926 to April 15 1926.

that I last saw h alive on April 12 1926.

and that death occurred, on the date stated above, at 8.00 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Turnbull M. D.

4-15 1926 (Address) 112 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 17 1926

20 UNDERTAKER: Henry J Jenkins Sons Co. — ADDRESS: Garrard Mt Colleton Sts

HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09629

CERTIFICATE OF DEATH.

3/ E 09629

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-1a WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Purnell Valiaferro

(a) RESIDENCE NO. 926 N. Stricker st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Valiaferro

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of Industry, business, or establishment in which employed (or employer) D 60

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Valiaferro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Virgie I. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed APR 18 1926 Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1926, to April 16 1926, that I last saw him alive on April 16, 1926, and that death occurred, on the date stated above, at 12.40 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings

(Signed) P. M. Stack, M. D.

4-15-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North End Wharf Middleburg Via

DATE OF BURIAL: Apr 15 1926

UNDERTAKER: Virginia A. Brooks

ADDRESS: 1463 N Carey St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09630

CERTIFICATE OF DEATH.

31 E 09630

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) 15-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbert Wallace

(a) RESIDENCE NO. 1518 Calhoun st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) unknown 670

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas H. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Ennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed APR 18 1926 C. HAMPSON JONES, R. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to April 16, 1926.

that I last saw him alive on April 16, 1926.

and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? What test confirmed diagnosis? Clinical findings

(Signed) R. Du Vach. M. D.

4-17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lion DATE OF BURIAL Apr 20 1926

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N Carey

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 0963

CERTIFICATE OF DEATH.

151 E 0963

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Harford ave ST.) (WARD)

2-FULL NAME Rosa - Dunn

(a) RESIDENCE No. 4303 Harford av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late James Dunn.

6 DATE OF BIRTH (month, day, and year): March 8/1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Dickson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Beatty, Penn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Joseph E. Toner 4303 Harford ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2 1926, to April 6 1926

that I last saw h[illegible] alive on April 5 1926,

and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows: Gangrene of foot

(duration) yrs. mos 1 7 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lyell Tooley M. D.

4-16, 1926 (Address) 421 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Geo. L. Rust

ADDRESS: 1735 Harford Ave

APR 18 1926

Instructions: Type or print plainly in black ink. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09632

CERTIFICATE OF DEATH.

E 09632

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sixth St Ext. ST., Brooklyn 90 WARD)

2-FULL NAME John F. Backus

(a) RESIDENCE NO. 6th St. Extended ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Backus

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Backus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma Backus (Address) 6th St. Ext.

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 12 , 1926. to April 16 , 1926.

that I last saw him alive on April 16 , 1926

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. E. Peterman M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL April 19 1926

20 UNDERTAKER F. A. Swanson — ADDRESS 703 Hanover

Sec. 3, Chap. 148, Acts of 1898. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09633

CERTIFICATE OF DEATH.

10 001 ✓
10 E 09633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Presti

(a) RESIDENCE NO. 515 S. Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
1	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas Presti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Sarosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Chas Presti (Address) 515 S. Paca St

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

10 1926 PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-15, 1926, to 4-16, 1926, that I last saw h[illegible] alive on 4-15, 1926, and that death occurred, on the date stated above, at 2.55 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bilateral Otitis Media

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 3-20-25

Was there an autopsy? no

What test confirmed diagnosis? Usual Symptoms

(Signed) Frederick A. Snyder, M. D.

Apl 16 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent's Cemetery — DATE OF BURIAL April 19 1926

20 UNDERTAKER F. A. Thomasson — ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 09634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 34E 09634

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 E. Preston ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Vorhes

(a) RESIDENCE No. 101 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Price Vorhes

6 DATE OF BIRTH (month, day, and year): May 1 - 1887

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Burnett Vorhes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Anna Cline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Dr. A. Cotton (Address) 101 E. Preston St.

15 Filed 4-8-1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to April 18, 1926, that I last saw h[illegible] alive on April 18, 1926, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows: Tubercular Meningitis

(duration) — yrs. 2 1/2 mos. — ds.

CONTRIBUTORY (Secondary) Tuberculosis of Spine & Testicle (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Followed attack Flu [illegible]

Did an operation precede death? Yes Date of April 1st 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Examination of eye grounds

(Signed) Abertus Cotton, M. D.

4/8, 1926 (Address) 101 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Herbertsville Ohio — DATE OF BURIAL: 4/18 1926

20 UNDERTAKER: Chas F. Faust Son — ADDRESS: 11 Slom Royal Ave

Spec.—1-10-21 M&T 1500 Blks.

Hall

E 09635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21 E 09635

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) ST., 172 WARD)

2-FULL NAME William Wall

(a) RESIDENCE NO. 941 Greenwillow st. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Town driver

(b) General nature of industry, business, or establishment in which employed (or employer) 23

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jack Wall

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie Crane

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Hospital Records

Address .....

15 Filed ..... 19 ..... Registrar

R 18 1926 THOMPSON-JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 15, 1926, that I last saw him alive on April 14, 1926, and that death occurred, on the date stated above, at 12.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical findings

(Signed) Wm. O'Neal Lane Jr M. D.

4-16, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Apl 18 1926

20 UNDERTAKER Mrs R. G. Elliott — ADDRESS 172 Carlton Av.

Copy temperature—See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 09636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09636

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 5-1 Ward)

2-FULL NAME Mary Liza Jefferson

(a) RESIDENCE NO. 249 Colvin St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 10/1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Floyd Jefferson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Clara Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Clara Jefferson

(Address) 249 Colvin St

15 Filed _____ 19____ Registrar

R 18 1926 P.C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia- Fractured Skull- Subdural Hemorrhage-Slight hem. in Brain. (Autopsy At Hopkins)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Accidently struck by brick while two col. boys were throwing at each other

(Coroner) J. S. Watts M. D.

4/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Apr. 18 1926

20 UNDERTAKER Mrs. R. G. Ellicott ADDRESS 1725 Eastland Av

very important. See instructions on back of certificate. FULL STATEMENT OF OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09637 — CERTIFICATE OF DEATH. — 90 — E 09637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S Caroline St. Ward 3-2)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Diggs

(a) RESIDENCE NO. 123 S Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harriett Diggs.

6 DATE OF BIRTH (month, day, and year) 1876 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Day

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) West Philadelphia
(State or country)

PARENTS

10 NAME OF FATHER George Diggs

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Harriett Collins

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Harriett Diggs
(Address) 123 S. Caroline St

Filed ..... 19..... C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h... alive on ..... 19.....
and that death occurred, on the date stated above, at 7.30 p. m.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Cardiac disease

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetary — DATE OF BURIAL April 19 26

20 UNDERTAKER Jos. T.H. Rochester — ADDRESS 1413 Jefferson St

Filed APR 18 1926

Reg. No. .....

Spec.—1-10-21—M&T—1500 Blks.

E 9638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9638

+185

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital · ST., 4-1 WARD)

2-FULL NAME Lillian Gaither

(a) RESIDENCE No. Alberton Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of N. R. Gaither

6 DATE OF BIRTH (month, day, and year) -17, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER [illegible] T. Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER [illegible] T. Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant ..... (Address) ..... Reads

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

R 19 1926 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to April 18, 1926, that I last saw her alive on April 18, 1926, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Fracture of left Elbow

Diabetes Mellitus.

(duration) 5 yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of April 12, 1926.

Was there an autopsy? No

What test confirmed diagnosis? Physical exam. Lab. findings

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL 4-21 19 26

20 UNDERTAKER Eaton Sons ADDRESS Eldridge

Do not write anything in this space. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09639

E 09639

CERTIFICATE OF DEATH.

REGISTERED NO. 24-91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 E. 23rd 1/2 St. 12-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Haney

(a) RESIDENCE No. 306 E. 23rd 1/2 St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Landmann

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Landmann

6 DATE OF BIRTH (month, day, and year) Landmann 1865

7 AGE — Years: 61 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard County Md.

PARENTS

10 NAME OF FATHER: Chas. Haney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md.

12 MAIDEN NAME OF MOTHER: Landmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Landmann

14 Informant (Address): John H. Haney Sr 306 E 23rd 1/2 St.

15 Filed APR 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1926, to Apr 15, 1926, that I last saw h— alive on Apr 15 1926 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy -

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) J. Fatal Symptoms M. D.

Apr 18, 1926 (Address) 1334 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: Apr 21 1926

20 UNDERTAKER: Mack R. Elliott — ADDRESS: 1223 Eutaw

Very Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09640

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Smallwood ST. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Margaret Gent

(a) RESIDENCE No. 9-N Smallwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Gent

6 DATE OF BIRTH (month, day, and year) June-10-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Theisco Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha H. Mund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Gent (Address) 9 N Smallwood

15 Filed ..... 19 Per ..... Registrar

C. HARRISON JONES, M. D.

R 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to April 18, 1926, that I last saw her alive on April 17-, 1926 and that death occurred, on the date stated above, at 11-A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. E. Burton, M. D.

(Address) 301 East Lorse St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL, Apr 21 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Balto St

FROM A very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09641

E 09641

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 E. Lanvale ST. 12-6 WARD)

2-FULL NAME Christiana Krebs

(a) RESIDENCE NO. 428 E Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Late) Chas. S.S. Krebs

6 DATE OF BIRTH (month, day, and year) Oct 8 1865

7 AGE: 60 Years | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home ppp

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co, Md

PARENTS

10 NAME OF FATHER: John F King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna C Kirkoner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): John. Robt. Krebs. 428 E Lanvale St.

15 Filed 4/19, 1926 By PK. Registrar

U. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7 1926 to April 16 1926.

that I last saw her alive on April 15th 1926

and that death occurred, on the date stated above, at 4.15 A m

The CAUSE OF DEATH* was as follows:

Granular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of the Heart

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry, M. D.

4/16/1926 (Address) 4142 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Apr. 19th 1926

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 N. Calvert

FILE NO. 19 1926

IMPORTANT. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09642

CERTIFICATE OF DEATH.

12 E 09642

1-PLACE OF DEATH

City of BALTIMORE: (No. German Odd Fellows Home St. Baltimore & Payson Sts Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretha Hartmann

(a) RESIDENCE NO. German Odd Fellows Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Hartmann

6 DATE OF BIRTH (month, day, and year): December 11 1835

7 AGE: Years 90 | Months 4 | Days 13. | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Seefeldt

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Dietz

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant (Address) Keeper German Odd Fellows Home Baltimore & Payson Sts

15 Filed APR 19 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 4th 19 26 to April 17th 19 26, that I last saw her alive on April 16th 19 26, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute cholecystitis

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Houff, M. D.

April 19 19 26 (Address) 1143 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial Apr 19 19 26

20 UNDERTAKER: Ralph H Cook ADDRESS: 1003 N Gay St

Very Important. See instructions on back of certificate. CAUSE OF DEATH IS

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09643

CERTIFICATE OF DEATH.

90 E 09643

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 Sargeant St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Mueller

(a) RESIDENCE NO. 1130 Sargeant St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Mueller

6 DATE OF BIRTH (month, day, and year): July 23 1862

7 AGE: Years 63 | Months 8 | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Francis Walton

11 BIRTHPLACE OF FATHER (city or town):

(State or country): England

12 MAIDEN NAME OF MOTHER: Edith Broadhurst

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): England

14 Informant: Jacob Mueller

(Address): 1130 Sargeant St

15 Filed ....., 19.... HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8th 1926, to April 17th 1926, that I last saw h.. alive on April 17 1926, and that death occurred, on the date stated above, at 6.0 m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Marshall F. Smith M. D.

April 18, 1926 (Address) 1181 N Calhoun st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial April 20th 1926

20 UNDERTAKER: Joseph P. Cook ADDRESS: 1003 N Eutaw St

Very important. See instructions on back of certificates. STATE STATISTICIAN IS REQUIRED BY LAW TO REFUSE A CERTIFICATE OF OCCUPATION IS

19 1025

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09644 + 49 E 09644

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Wiedemann

(a) RESIDENCE NO. Windsor Hill Road ST., Woodlawn P.O. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profesaion or particular kind of work Housework 037

(b) General nature of industry, business, or establiahment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Masselman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marty (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address) Baltimore City Hospitals

15 Filed APR 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1926, to April 17, 1926, that I last saw her alive on April 17, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Abdomen

(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What st confirmed diagnosis? Edward Hoyt 1st Lt

(Signed) Edward Hoyt 1st Lt M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem (Roslyn)	Apr 20 '26
UNDERTAKER Joseph B Cook	ADDRESS 1003 W. Baltimore St

FROM A VERY important. See instructions on back of certificates. EXACT statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09645

CERTIFICATE OF DEATH.

E 09645

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4 Ave near 7th St. (Cambridge) 25 (Ward) Registered No.

2-FULL NAME Emma Hamilton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 4th ave near 7th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Tilhan Hamilton

6-DATE OF BIRTH (month, day and year) 1873

7-AGE 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Ike Parker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Georgia

12-MAIDEN NAME OF MOTHER, Emeline.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Georgia

14- (Informant) Tilhan Hamilton

(Address) Fairfield

15- Filed APR 19 1926 HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17 1926

I HEREBY CERTIFY, That I attended deceased from Dec 10 1925 to April 13 1926

that I last saw h. alive on April 13 1926

and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis following attack of influenza Dec 10-1925

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lem J. Horton M. D.

April 19 1926 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Atlanta Ga	4-19 1926
20-UNDERTAKER, John H. Toadvine	ADDRESS 1027 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09646

CERTIFICATE OF DEATH.

129 E 09646

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 325 Mount St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Kiel

(a) Residence No. 322 S. Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 10 1868

7-AGE. 57 yrs. 7 mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Kunnecke

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, unk

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- (Informant) Mrs. Mary Kolbman

(Address) 322 S. Mount St

15- Filed APR 19 1926 C. HAMPSON JONES, M. D. Registrar.

Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 17, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1925 to Apr 17 1926.

that I last saw her alive on Apr 17 1926

and that death occurred, on the date stated above, at 12:47 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) [illegible] M. D.

4/18, 1926 (Address) Hospital & Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery

DATE OF BURIAL. April 20 1926

20-UNDERTAKER. Thomas Cantin

ADDRESS 1004 Argyle st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09647

CERTIFICATE OF DEATH.

10 001 E 09647

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1248 S Ellwood Ave ST., 14 WARD)

2-FULL NAME Otelia Boguecka

(a) RESIDENCE NO. 1248 S. Ellwood Ave ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John Boguecki

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Eva Novak

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Eva Boguecka
(Address) 1248 S Ellwood Ave

Filed 4/19 1926 C. HAMPSON JONES, M. D. Registrar
By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to Apr. 17, 1926,
that I last saw her alive on " 16, 1926,
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) C. S. Neer, M. D.

4/17/26 (Address) 408 S Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL April 19 1926

20 UNDERTAKER Stephen J. Fialkowski — ADDRESS 1550 Lemmon St

From a very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09648

CERTIFICATE OF DEATH.

100-801

E 09648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Eastern ave. ST. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Shulman

(a) RESIDENCE. NO. 3924 Eastern av ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9th 1925

7 AGE — Years: — Months: 7 8 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulor kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): 660

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md.

PARENTS

10 NAME OF FATHER Harry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie Goldman

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) md

11 Informant Harry Shulman

(Address) 3924 Eastern av.

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5th, 1926, to April 18, 1926,

that I last saw h in alive on April 18, 1926,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

1 Broncho-pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diognosis? clinical

(Signed) R. G. Mudukson, M. D.

4/19 1926 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rozedale

DATE OF BURIAL: 4/19 26

20 UNDERTAKER: S Lemson Bro

ADDRESS: 1617 E Balto Md

APR 19

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09649

CERTIFICATE OF DEATH.

× 12 09649

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST. 5-1 WARD)

2-FULL NAME Charles Goff

(a) RESIDENCE NO. 17 Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	9 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman do

(b) General nature of industry, business, or establishment in which employed (or employer) Steamer

(c) Name of employer not given

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town)
(State or country) not given

12 MAIDEN NAME OF MOTHER not given

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) not given

14 Informant
(Address)

15 Filed 19 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1925, to Apr. 16, 1926,

that I last saw him alive on Apr. 16, 1926,

and that death occurred, on the date stated above, at 1:55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis and arterio sclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M. D. Fuller, M. D.

4/16, 1926 (Address) U.S. Marine Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 4/19, 1926

20 UNDERTAKER Sol Linson & Bro

ADDRESS 11 97 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09650

CERTIFICATE OF DEATH.

47 E 09650

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Frear Ave. ST. Arlington 26-1 WARD)

2-FULL NAME Bessie E. Brashears

(a) RESIDENCE NO. 6 Frear Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Brashears

6 DATE OF BIRTH (month, day, and year) 10-18-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housekeeper 037

(b) General nature of industry, business, or establishment in which employed (or employer) doing own work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry M. Lightner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Clara Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nettie Serber

(Address) 5124 Reisterstown Road

15 Filed 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan second 19

that I last saw h alive on 4-17 1926,

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Metastases from previous Ut. Carcinoma Intestines Urgent, Fistula Vesico Vaginal 18 mos. Suppression Urgent

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Progress

(Signed) Henry Russell M. D.

4-18, 1926 (Address) Henry Russell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mourovia Md. DATE OF BURIAL 4-20-1926

20 UNDERTAKER W. E. Falconer ADDRESS New Market

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09651

E 09651

CERTIFICATE OF DEATH.

REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2415 Southway (St.) Govl 99-1 (Ward)

2-FULL NAME Sarah Lloyd

(a) RESIDENCE No. 415 Southway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Servant — 010
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joseph Lloyd

11 BIRTHPLACE OF FATHER (City or town) " (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) Virginia

14 Informant Mrs. Joseph D. Lazenby (Address) 1445 Southway

15 Filed ... 19 ... Registrar ... HAMPTON JONES, M. D.

R 19 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) John Mosman, M. D.
(Coroner.)

April 17, 192 6 (Address) 592 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	April 20 192 6

20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 09652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09652

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Churchill

(a) RESIDENCE NO. 1625 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5j mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George Churchill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed APR 19 1926 C. HARPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to April 17, 1926, that I last saw him alive on April 17, 1926, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis

(duration) yrs 3 (Three) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Lindsay Miller, M. D.

4/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dalhmol

DATE OF BURIAL: Apr 19 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 1032 North Ave

REGISTERED IN OFFICE OF REGISTER OF WILLS OF CITY OF BALTIMORE

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09653

CERTIFICATE OF DEATH.

31 E 09653

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Hillman St. 10-2 WARD)

2-FULL NAME John W Reely

(a) RESIDENCE No. 713 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 28, 1863

7 AGE: Years 62 Months 10 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House

(b) General nature of industry, business, or establishment in which employed (or employer): Painter

(c) Name of employer: Knott & Co

9 BIRTHPLACE (city or town) (State or country): Howard Co

PARENTS

10 NAME OF FATHER: Charles Reely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co

12 MAIDEN NAME OF MOTHER: Bennetta Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co

14 Informant: Lee M Reely

(Address) 3631 Old York Rd

15 Filed: FEB 19 1926

Registrar: HAMP. L. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 18, 1926, that I last saw him alive on April 18, 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None.

Was there an autopsy? No.

What test confirmed diagnosis? Microscope

(Signed) A. Lee Ingram M. D.

(Address) 1726 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakmont Cem't

DATE OF BURIAL: April 21 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E Nath'l

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09654 E 09654

CERTIFICATE OF DEATH.

REGISTERED NO. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (St.) 5-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kottal

(a) RESIDENCE No. 3004 Rockland Place St. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced WIFE of (or) HUSBAND of —

6 DATE OF BIRTH (month, day, and year) Aug 25 1924

7 AGE — Years: 1 — Months: 7 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Eli Kottal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Alice Dodd 4/19 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Eli Kottal 3004 Rockland Pl.

15 Filed 4-19-1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 18, 1926, that I last saw her alive on April 18, 1926, and that death occurred, on the date stated above, at 12 55 a. m.

The CAUSE OF DEATH* was as follows:

Nasal Diphtheria

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pos. Culture

(Signed) Myron B Tull, M. D.

(Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: April 21 1926

20 UNDERTAKER: H. Rue Cole — ADDRESS: E. Balto

Spec.—1-12-23—M&T—500 Bks.

E 09655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09655

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 Barre ST. 22-V WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Griffin Chissell

(a) RESIDENCE NO. 650 W. Barre ST., 22 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Nathan Chissell

6 DATE OF BIRTH (month, day, and year): 4/10/1894

7 AGE — Years: 32 — Months: — Days: 7 6 — If LESS than 1 day, hrs. or ... min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory work 069

(b) General nature of industry, business, or establishment in which employed (or employer): Shirt waist & Tie Mfg

(c) Name of employer: Carmel

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: John F. Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mildred Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va.

14 Informant (Address): Nellie Spruddle 150 W. Barre St.

15 Filed 19 1926. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/16/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/6, 1926, to 4/16, 1926, that I last saw her alive on 4/16, 1926, and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis followed by Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physicals History

(Signed) W. M. C. Bishop, M. D.

, 19 (Address) 709 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 4/19 1926

20 UNDERTAKER: Walter B. Spriggs — ADDRESS: 139 W. Hamburg St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09656

CERTIFICATE OF DEATH.

129 E 09656

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 70-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Harkness

(a) RESIDENCE NO. 1909 Frederick Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 31 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	78 yrs.	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER Mosely Harkness

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Margaret —

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed APR 19 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1 1926 to April 17 1926, that I last saw him alive on April 17 1926, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Elephantis

(duration) ? yrs. mos dy.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller M. D.

4/17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL 4/19 26

20 UNDERTAKER Geo A Farley ADDRESS Fulton & Fayette

R. LEANDER JONES, M. D.

Spec.—1-10 21—M&T—1500 Blks.

E 09657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 13-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3201 Auchentoroly Terrace WARD)

2-FULL NAME George L. Magruder

(a) RESIDENCE No. 2 St. Timothy Lane Catonsville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Magruder

6 DATE OF BIRTH (month, day, and year) Feb 25, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	21	20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President and General

(b) General nature of industry, business, or establishment in which employed (or employer) Manager 045

(c) Name of employer Graham-Storage Warehouse Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jesse Magruder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Katherine Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Charlotte Magruder (Address) 2 St. Timothy Lane

15 Filed 19 1926 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1922, to Apr. 15, 1926, that I last saw him alive on Mar. 28, 1926, and that death occurred, on the date stated above, at 10-57 m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

Angina Pectoris.

Of Coroner's Jurisdiction

About 7 yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris Edema of Lungs (Sudden)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) G. Carroll Lockard, M. D.

April 17 1926 (Address) 4 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL April 19 1926

20 UNDERTAKER George J. Smith

ADDRESS 1537 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 09658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09658

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Woodbourne ave ST. 27-2 WARD)

2-FULL NAME Joseph Walter Hackney

(a) RESIDENCE No 728 Woodbourne ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier H Sein & Co

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer H Sein

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER J Walter Hackney

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Hogg

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Lillian E Hackney (Address) 728 Woodbourne ave

15 Filed APR 19 1926 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1926, to Apr 17, 1926, that I last saw him alive on Apr 17, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E.H. Duncan, M. D.

Apr. 18, 1926, (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Apr 20 1926

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins st

HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09659

CERTIFICATE OF DEATH

100 E 09659

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. [illegible] St. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Hart

(a) RESIDENCE No. 1019 Eyreside Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abr H Hart

6 DATE OF BIRTH (month, day, and year): Jan 18 1867

7 AGE: Years 59. Months 2 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm H Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rochester N.Y.

12 MAIDEN NAME OF MOTHER: Sarah A Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Baltimore City Hospitals

15 Filed [illegible] 19 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1926, to April 17, 1926

that I last saw h[illegible] alive on April 17, 1926

and that death occurred, on the date stated above, at 9:05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Agitated Depression

Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Asylum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goodman, M. D.

4/18/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: April 20 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09660

99 E 09660

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 429 N. Curley St. 6-3 Ward)

2-FULL NAME Elizabeth E. Ward

(a) RESIDENCE NO. 429 N. Curley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of David A. Ward

6 DATE OF BIRTH (month, day, and year) Oct 12/49

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
76	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER Lambert Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. -

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

PARENTS

14 Informant Mrs Jennett M. Ward

(Address) 429 N. Curley St.

15 Filed ....., 19 ..... Registrar

APR 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 16/26 19

17 I HEREBY CERTIFY, That I attended deceased from April 14 1926 to April 16 1926, 19

that I last saw h..... alive on ....., 19 ,

and that death occurred, on the date stated above, at 8:25 A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ..... yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Laura Vogel, M. D.

, 19 (Address) 1601 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial 4/19 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 09661 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09661

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital HENRIETTA MEYER) ST. 27-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Meyer

(a) RESIDENCE NO. 110 Freda Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6th 1904

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anno Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhemina Piepenbring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anno Meyer.

(Address) 110 Freda Ave Hamilton

15 Filed 19 1926 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/9 1926, to 4/16 1926,

that I last saw her alive on 4/16 1926,

and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/9/26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Charles Marshall M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL April 18 1926

20 UNDERTAKER Lilly & Zeiler

ADDRESS 4038 Woodland Ave

Cor.—1-12-23—M&T—100 Bks.

E 09662 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09662

CERTIFICATE OF DEATH.

REGISTERED NO. 23-2 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma A. Grail.

(a) RESIDENCE NO 1738 Clarkson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 2, 1920.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Charles Grail.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Rehm.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Anna Grail. (mother)
(Address) 1738 Clarkson St.

Filed APR 19 1926 THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
2nd. degree burns about the body.
Set fire by her brother playing with matches. Accidental death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto A. Reinhardt (Coroner), M. D.

Apr. 19, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Apr 19 1926
20 UNDERTAKER Margaret B. Flynn	ADDRESS 1422 Light.

Spec.—1-10-21 – M&T 1500 Bks.

E 09663 HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 09663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Hospital | REGISTERED NO. .....

CITY OF BALTIMORE: (No. Fort and Green ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Keating

(a) RESIDENCE NO. 1216 Hanover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Keating

6 DATE OF BIRTH (month, day, and year) June 23, 1856.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Guard

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer Md. Penitentiary

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Patrick J. Keating

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James J. Keating Jr. (Address) 1216 S. Edmondson St

15 Filed ....., 19 ..... Registrar

HARRISON JONES, M. D.

APR 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926.

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1926, to April 18, 1926

that I last saw him alive on April 18, 1926

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Intestines Exhaustion

(duration) yrs. mos 3 wks days

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of April 17

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. F. Gorman M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Apr. 21 19 26

20 UNDERTAKER Margaret E. Flynn ADDRESS 1422 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 09664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09664

CERTIFICATE OF DEATH.

REGISTERED NO. 11-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N Collington Ave ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard J. Trott.

(a) RESIDENCE No. 1806 E. Monument ST., .. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Trott.

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE: Years 42 | Months | Days | If LESS than 1 day, .. hrs. or .. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Thomas B. Trott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Sarah McDonnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Jennie Trott

(Address): 1806 E. Monument St.

15 Filed 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926. to April 17. 1926.

that I last saw h.. alive on April 17. 19..

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Lafrippe

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

.. (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Rupprecht M. D.

4-19-26 (Address) 800 N Dallas Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ca Lawn Cem.

DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Geo M. Hook & Son

ADDRESS: 811 W Lex

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09665

CERTIFICATE OF DEATH.

100-001

E 09665
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1605 E Monument ST., 7-1 WARD)

2-FULL NAME Audrey Kelso

(a) RESIDENCE NO. 1605 E Monument ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Howard Kelso

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Pauline Whitehead

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Pauline Kelso (mother)
(Address) 1605 E Monument St

15 Filed APR 19 1926 HAMPSON JONES, M. D.
By R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 15, 1926,
that I last saw her alive on April 15, 1926
and that death occurred, on the date stated above, at 10 A. m.
The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia (Primary)
(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical

(Signed) R J [illegible] M. D.
4/16, 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 19 1926

20 UNDERTAKER: Jos. T. H. Rochester — ADDRESS: 1413 [illegible]

Fill in all blanks by typewriter or with pen and ink. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

1301 Patterson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09666

CERTIFICATE OF DEATH.

90 E 09666

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2512 E. Federal St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V. Blake

(a) RESIDENCE NO. 2512 E. Federal St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. R. Blake

6 DATE OF BIRTH (month, day, and year) Feb. 22. 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ga

PARENTS

10 NAME OF FATHER John. Bennett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Etta I. Travers

(Address) 2512 E. Federal

15 Filed ..... 19 ..... A. ..... D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to Aug 17, 1926,

that I last saw h.e.r. alive on Aug 17, 1926,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. [illegible], M. D.

(1926 Address) 1301 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk

Date of Burial 4/20 1926

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Front

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09667.

CERTIFICATE OF DEATH.

89 E 09667.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1641 Wilkens Ave., St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas B. Robertson

(a) RESIDENCE NO. 1641 Wilkens Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (nee Arthur)

6 DATE OF BIRTH (month, day, and year) March 27, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brush Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas B Robertson

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Cornelia B. Blake

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Mrs. Margaret Robertson (Address) 1641 Wilkens Ave

15 Filed APR 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 16, 1926, that I last saw him alive on April 16, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Pulmonary

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History & findings

(Signed) J. K. Carpenter M. D.

4/17 1926 (Address) 1729 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 19 26

20 UNDERTAKER Harry N. Weitz Co.

ADDRESS W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09668 **E 09668**

CERTIFICATE OF DEATH.

70

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N. Appleton St. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Anderson Kittrell

(a) RESIDENCE NO. 808 N. Appleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, ~~Married, Widowed or Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 - 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer & Typist

(b) General nature of industry, business, or establishment in which employed (or employer) Photographer

(c) Name of employer Bachrach Co.

9 BIRTHPLACE (city or town) (State or country) Medfield Mass.

PARENTS

10 NAME OF FATHER Wm. L. Kittrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Jane Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Wm. L. Kittrell (Address) 808 N. Appleton St.

15 Filed APR 19 1926 19 H. MARION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to April 18, 1926, that I last saw h[illegible] alive on April 18, 1926, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Encephalitis (Acute)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Lumbar puncture

(Signed) Amos W. Todd, M. D.

4.19.1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Apl 20 1926

20 UNDERTAKER Ventrum & Love ADDRESS 1723 W. Lanvale

Spec.—1-10-21—M&T—1500 Bks.

E 09669

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 09669

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 517 So. Chester ST., 1-1 .WARD)

2-FULL NAME MARY MROZINSKA,

(a) RESIDENCE NO. 517 So. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 040 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dominick Mrozinski,

6 DATE OF BIRTH (month, day, and year) Feb. 2--1841.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	85	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife, 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland,

PARENTS

10 NAME OF FATHER Walenty Borak,

11 BIRTHPLACE OF FATHER (city or town) Poland,
(State or country)

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) Poland,
(State or country)

14 Informant Dominick Mrozinski, (Husband)
(Address) 517 So. Chester Street

15 Filed APR 19 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4-8 , 19 26 , to 4/17 , 19 26
that I last saw h[illegible] alive on 4/17 , 19 26 ,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
4 days duration

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Auto Bronchitis
(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) Harold Stern M. D.

19 26 (Address) 3326 Park Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery

DATE OF BURIAL Apr. 20 19 26

20 UNDERTAKER M. J. Sadowski.

ADDRESS 705 S. Ann St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09670

CERTIFICATE OF DEATH.

38 **E 09670**

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St. 21-3 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Stokeams

(a) RESIDENCE No. 1032 S Eutaw St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) .....

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	46 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER: Henry Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Frances Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

PR 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 14, 1926, that I last saw her alive on April 14, 1926, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Syphilitic Ulceration of throat

(duration) yrs. 3 (history) mos. ..... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

4/15 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ..... DATE OF BURIAL ..... 19.....

20 UNDERTAKER ..... ADDRESS .....

UNIVERSITY OF MARYLAND
Commissioner of Health.
APR 19 1926

Spec.—1-10-21—M&T—1500 Blks.

E 09671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Beck

(a) RESIDENCE NO. 3 N. Hare ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: Years 73 yrs. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cap Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER ? Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records (Address)

15 Filed R 19 1926 H. HAMPSON JONES, M. D. Registrar

By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 16, 1926, that I last saw him alive on April 16, 1926, and that death occurred, on the date stated above, at 11:40 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Miller, M. D.

4/16, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem.

DATE OF BURIAL April 19, 26

20 UNDERTAKER John A. Mc Cran

ADDRESS 3000 E. Balt

Spec.—1-B-21—M&T—1500 Rls.

E 09672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 09672

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Johnson.

(a) RESIDENCE No. 906 Arlington Ave ST., Govans WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. dt.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 17 march 1925

7 AGE: Years 1 Months 13 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind -

PARENTS

10 NAME OF FATHER Charles Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind -

12 MAIDEN NAME OF MOTHER Alberta Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

Filed APR 19 1926 H. C. HAMPSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17th 1926

17

I HEREBY CERTIFY, That I attended deceased from April 6th, 1926, to April 17th 1926, that I last saw h alive on April 17th 1926, and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Lobar

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed Thos W Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leonard Town

DATE OF BURIAL 4-19 1926

20 UNDERTAKER Joseph A Lively

ADDRESS 151 Winters Ave

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09673

CERTIFICATE OF DEATH.

12 E 09673

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 725 Kensington ST. 13-6 WARD)

2-FULL NAME Catherine Hamberger

(a) RESIDENCE NO. 725 Kensington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 60 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hamberger

6 DATE OF BIRTH (month, day, and year) Dec 10-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Moreland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Manning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Angela Hamberger
(Address) 725 Kensington ave

15 Filed ..... 19 ..... Registrar

CHAMPNEY JONES, M. D.

R 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15 1926 to April 17 1926, that I last saw her alive on April 17 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Uraemic Nephritis

(duration) 4 yrs. 6 mos. 8 ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. S. Hayden, M. D.

4/18, 1926 (Address) 1216 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL April 20

20 UNDERTAKER H. C. Branning & Son — ADDRESS N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09674

3/E 09674

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1724 W. North Ave (St.) 15-13 (WARD)

2-FULL NAME Henry Davis Keller

(a) RESIDENCE No. 1724 W. North Ave. (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella N. Keller.

6 DATE OF BIRTH (month, day, and year): May 31, 1886

7 AGE — Years: 39 — Months: 10 — Days: 16/17 — IF LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst. Embalmer

(b) General nature of industry, business, or establishment in which employed (or employer): 1086

(c) Name of employer: Wm. J. Tickner Sons.

9 BIRTHPLACE (city or town) (State or country): Reisterstown Md.

PARENTS

10 NAME OF FATHER: Peter E. Keller.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Katherine Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Ella N. Keller.

(Address) 1724 W. North Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar

R 19 1926 by ..... K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 3 1926, to Apr. 17 1926, that I last saw him alive on Apr. 16 1926 and that death occurred, on the date stated above, at 3.03 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lung

not known

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Weakening heart

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? inoculation

(Signed) Eahmith, M. D.

Apr 17, 1926 (Address) 1205 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Apr 20, 26

20 UNDERTAKER: Wm. J. Tickner Sons. — ADDRESS: North Ave

Study important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09675

CERTIFICATE OF DEATH.

E 09675

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 210 E. Virginia Ave 27-5-31 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Evelyn Gardner Seay

(a) Residence No. 210 E. Virginia Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~Single, Married, Widowed, or Divorced~~ (Write the word.) Widow

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of late Dr. Wellwille T. Seay

6-DATE OF BIRTH (month, day and year) July 25th 1896

7-AGE. 29 yrs. 8 mos. 24 ds. IF LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Brooklyn (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, James Gardner

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Canada

12-MAIDEN NAME OF MOTHER, Grace Martyns

13-BIRTHPLACE OF MOTHER (city or town) Brooklyn (State or Country), N. Y.

14- (Informant) Mrs. James Gardner

(Address) 210 E. Virginia Ave

15- Filed APR 19 1926 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from October 2, 19 25 to April 17, 19 26

that I last saw h[er] alive on April 17, 19 26

and that death occurred, on the date stated above, at 11.15 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary & Laryngeal)

/

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Washington D C

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Sputum

(Signed) Finzy M. Stith M. D.

4/18 19 26 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenwood Cemetery Brooklyn N. Y. DATE OF BURIAL, April 20 1926

20-UNDERTAKER, Jos Joerdens & Son ADDRESS 217 S. Paca St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09676

E 09676

CERTIFICATE OF DEATH.

18-3 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1108 W Pratt St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Archibald G. Hullett

(a) Residence No. 1108 W Pratt St St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary P Ford Hullett

6-DATE OF BIRTH (month, day and year) unknown. 1871

7-AGE, 54 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R 031

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Joseph Hullett.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER, Emma Herbert

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va.

14- (Informant) Mrs Mary Hullett

(Address) 1108 W Pratt St.

15- Filed ..... 192 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 17th 1926

17- I HEREBY CERTIFY, That I attended deceased from 4/16/26 19 to 4/17/26 19.

that I last saw h— alive on 4/17/26 19.....

and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

Chr Int Nephl

Hypertension

(Duration) mos yrs. mos. ds.

CONTRIBUTORY (Secondary) arter Atrophy

(Duration) yrs. mos. 1½ ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J Tracy M. D.

4/19 1926 (Address) 910 Cathedral

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Sept 20th 1926
20-UNDERTAKER.	ADDRESS.
John J Cowan & Son	901 Hollins
Asst G J Cowan	

C 805

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09677

CERTIFICATE OF DEATH.

90 E 09677.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 E. Cross ST. 24-1 WARD)

2-FULL NAME Vaughn A. Matthews

(a) RESIDENCE NO. 217 E Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josphine Smith Matthews

6 DATE OF BIRTH (month, day, and year) May 1. 1850

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	75	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Phorbus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sommerset Co. Md

14 Informant Mr George Matthews

(Address) 217 E Cross St

15 FILED 1926 19 C. HAMPSON JONES, M. D. Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to April 17, 1926.

that I last saw him alive on April 17, 1926,

and that death occurred, on the date stated above, at 6 45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light, Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel Rock Hall Md

DATE OF BURIAL April 21 1926

20 UNDERTAKER Chas. L. Gwinn

ADDRESS 1301 E. Fort Ave

Spec.—1-12-23—M&T—500 Bks.

89178

HEALTH DEPARTMENT—CITY OF BALTIMORE

89678

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Asquith St WARD) 5-V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuela Maggio

(a) RESIDENCE NO. 609 Asquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Santo Maggio

6 DATE OF BIRTH (month, day, and year): Nov 10-1884

7 AGE: Years 41 | Months 5 | Days 8 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Emanuele Billio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Bellavia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Santo Maggio

(Address) 609 Asquith St

15 Filed APR 19 1926 W. HAMPSON JONES, M. D. Registrar

Per P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 16, 1926, to Apr 18, 1926

that I last saw her alive on Apr 18, 1926

and that death occurred, on the date stated above, at 7 8 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Attended Luigi D'Stefano M. D.

Apr 19, 1926 (Address) 2407 A - Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rodeemer

DATE OF BURIAL: Apr 20 1926

20 UNDERTAKER: Frank Ecker & Son

ADDRESS 1766 Eden

Spec. 9-16-1—M&T—1500 Bks.

19 E 09679

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09679

86002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Henry Hagner

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hafner

(a) RESIDENCE No. 1516 N Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 3 1923

7 AGE: Years 3 | Months — | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child. pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER Henry Hafner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind.

12 MAIDEN NAME OF MOTHER Marie Kachale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 9 1926

16 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16th 1926 to April 19th 1926, that I last saw h[illegible] alive on April 19th 1926, and that death occurred, on the date stated above, at 3:25 a. m.

The CAUSE OF DEATH* was as follows:

Convulsion - idiopathic -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Operation for) Gastroenteritis Chronic Purulent - eight (duration) 2 yrs. * mos. ds.

18 Where was disease contracted if not at place of death? Gastroenteritis present 2½ yrs -

Did an operation precede death? yes Date of 4-17-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms —

(Signed) Thos W. Carmichael, M. D.

4/17/1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Apr. 21 1926

20 UNDERTAKER: Henry Horch Son

ADDRESS: 1[illegible] E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 09680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09680

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stuart

(a) RESIDENCE NO. Parents 817 Roland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-18-26

7 AGE	Years	Months	Days	If LESS than 1 day, ~~5~~ hrs. or ~~30~~ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~000~~

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Fred L Stuart

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Portland Me

12 MAIDEN NAME OF MOTHER Alice Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass.

14 Informant Fred L Stuart (Address) 817 Roland Ave Baltimore

9 1926 C. HAMPSON JONES, M. D.

Per ~~000~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1926

17

I HEREBY CERTIFY, That I attended deceased from birth, 19 , to 4-19 , 1926,

that I last saw her alive on April 19 , 1926,

and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity (7 mo)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sherman S. Jarrett, M. D.

4-19, 1926 (Address) Womens Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cem Stranfden — DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Geo. W. Little — ADDRESS: 2730 Edmondson

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09681 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 09681**

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

City of BALTIMORE: (No. 512 E 28th St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Shea

(a) Residence No. 512 E 28th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F | 4-COLOR OR RACE W | 5-Single, Married, Widowed or Divorced, (Write the word.) Widow

5a-If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ WIFE of Jos E Shea

6-DATE OF BIRTH (month, day and year) Apl 16 1862

7-AGE 64 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), City

PARENTS.

10-NAME OF FATHER, John Conway

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ire.

12-MAIDEN NAME OF MOTHER Bridget Conway

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ire

14- (Informant) Jos Shea

(Address) 512 E 28th

15- Filed 9 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17th 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 20th 1926 to April 17th 1926

that I last saw her alive on April 16th 1926

and that death occurred, on the date stated above, at 4.15a m.

The CAUSE OF DEATH* was as follows: Carcinomia of Liver and Splenal

(Duration) yrs. 3 mos. ds

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank H Kemp M. D.

19 (Address) 28 W 25th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL CREMATION OR REMOVAL New Cathedral | DATE OF BURIAL 4/21 1926

20-UNDERTAKER J. A. Moran | ADDRESS 300 E Baltimore St

Spec.—1-10-21 M&T 1500 Blks.

E 09682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09682

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Deepdene Road Roland Park WARD) 27th 26

2-FULL NAME Emily Easton Ramsay

(a) RESIDENCE NO. 105 Deepdene Road Roland Park WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Late Robert Ramsay

6 DATE OF BIRTH (month, day, and year) Nov 8th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER Royston Boulthee

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER? Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mrs Leslie H. Peard

(Address) 105 Deepdene Road Roland Park

15 Filed 9 1926 C. HAMPSON JONES M.D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926, to April 18, 1926.

That I last saw h[illegible] alive on April 18, 1926,

and that death occurred, on the date stated above, at 12-08 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 2 days.
Diabetes 12-6-15 +
Aortic Mitral Insufficiency

CONTRIBUTORY (Secondary) Hyperpyrexia Temp 108° (duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) M. Gilpin Foster M. D.

4/19. 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL April 20th 1926

20 UNDERTAKER Henry H. Jenkins & Sons

ADDRESS Orchard & McCollough St

Spec.-(1-10-21)—M&T—1500 Bks.

1926 E 09683

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09683

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J. McCleary

(a) RESIDENCE No. 1419 Fulton Ave ST., WARD Chestnut Ridge (Balto Co

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nelson McCleary

6 DATE OF BIRTH (month, day, and year): Aug. 20-1848

7 AGE: Years 77 Months 7 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md Balto Co Maryland

PARENTS

10 NAME OF FATHER: Josiah Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): JOHNS HOPKINS HOSP

9 1926 C. HAMPSON JONES, M. D. Registrar

Par C.C.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13th 1926 to April 17th 1926, that I last saw her alive on April 17th 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia lower

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): myocardial failure

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Chapel (Moores Road) DATE OF BURIAL: April 20 1926

UNDERTAKER: Horace H. Burgee ADDRESS: 3631 Falls Road

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09684

CERTIFICATE OF DEATH.

E 09684

75-002

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1419 N. Milton Ave St. 83 Ward)

2-FULL NAME Nelson McCleary

(a) RESIDENCE NO. Chestnut Ridge (Balto Co) St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha L. McCleary

6 DATE OF BIRTH (month, day, and year): Feb. 7-1848

7 AGE — Years: 77 — Months: 7 — Days: 11 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Co.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Mrs. Nona Mackall

(Address): 1419 N. Milton Ave

15 Filed ..... 19 ..... C. HARRISON JOHNSON ..... Registrar

3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18- 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 8 1926, to April 18, 1925, that I last saw h[illegible] alive on April 17, 1926, and that death occurred, on the date stated above, at 4.50 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
& Paralysis

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) B. F. Bunting, M. D.

, 19 (Address) Depot Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Chapel Dover Road Date of Burial April 20 1926

20 UNDERTAKER: Horace H. Burgee ADDRESS: 363 Falls Road

Fee ..... Paid

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09685 ✓ **E 09685**

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 S Kenwood Ave ST. 13 WARD)

2-FULL NAME Nora M. Konapacki

(a) RESIDENCE NO. 930 S Kenwood Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs — mos. — ds. How long in U. S., if of foreign birth? 36 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1868 April 15

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	57		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Franczek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Blazej Konapacki

(Address) 930 S Kenwood Ave

15 Filed APR 19 1926 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 17, 1926, that I last saw her alive on April 18, 1926, and that death occurred, on the date stated above, at 10 00 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Jezerlicki M. D.

, 19 (Address) 735 S Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Stephen J Galkowski — ADDRESS: 1100 S Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S Monford Ave ST., 1-3 WARD)

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph M Casper

(a) RESIDENCE NO. 817 S Monford Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1920 - Nov. 8

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Casper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Boracka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Joseph Casper (Address) 817 S Monford Ave

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

By P.R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 - 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926 to April 19, 1926 that I last saw him alive on April 14, 1926 and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettelman, M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem DATE OF BURIAL April 21 1926

20 UNDERTAKER Stephen J Falkowski ADDRESS 1 Fenwood Ave

Spec.—1-10-21—M&T—1500 Blks.

E 09687 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09687

CERTIFICATE OF DEATH.

D-5 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1914 W Franklin St (WARD) 20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura E Compton

(a) RESIDENCE No. 1914 W Franklin St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Arch E Compton

6 DATE OF BIRTH (month, day, and year): Feb 20 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	53.	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John W Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Apl 11 1926 to Apl 18 1926.

that I last saw her alive on Apl 18 1926,

and that death occurred, on the date stated above, at 730 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 5 yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) about 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Duvall M. D.

4/19, 1926 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Norman Compton 1410 Jackson St

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar Per

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Apl 20 26

20 UNDERTAKER: Ehenowath Son

ADDRESS: 511 Chestnut

Spec.—1-10-21—M&T—1500 Blks.

E 09688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09688

E [illegible]

CERTIFICATE OF DEATH 180-03 [illegible]

1-PLACE OF DEATH Universal Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore St. (Ward) Prot-

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Taylor Jr.

(a) RESIDENCE No. 507 S. Charles St. WARD Balto, Md

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Wm.	W-	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17, 1894.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32 yrs-	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer- Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md-
(State or country)

PARENTS

10 NAME OF FATHER Joseph Taylor Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Welsh

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md
(State or country)

14 Informant Margaret Trial
(Address) 207 N. First St Brooklyn

15 Filed [illegible], 19 C. HAMPSON JONES, M. D.
Registrar

19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-16, 1926, to 4-18, 1926,

that I last saw him alive on 4-18, 1926,

and that death occurred, on the date stated above, at 8:25 A m.

The CAUSE OF DEATH* was as follows:

Partial asphyxiation with Smoke, Chronic Alcoholism, with Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes-

What test confirmed diagnosis? Pathology of Broncho Pneu-

(Signed) W. E. LeNNON M. D.

192 (Address) Leprosy Hosp. Balto. Md.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See [illegible] additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE [illegible] 1926

20 UNDERTAKER E Schlosman & Son ADDRESS 1329 Pennsylvania Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09689

CERTIFICATE OF DEATH.

31 E 09689

1-PLACE OF DEATH

City of BALTIMORE: (No. 1710 N. Carey St. 15-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Newman

(a) RESIDENCE NO. 1710 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1905

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	21	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER George E. Newman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Talbot Co Md.

12 MAIDEN NAME OF MOTHER Ethel Goldsborough

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Talbot Co Md

14 Informant George E. Newman

(Address) 1710 N. Carey St.

9 1926 C. HAMPSON JONES, M. D.

Registrar

Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from January 11th, 1926, to April 17th, 1926, that I last saw him alive on April 17th, 1926, and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) General and Heart Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Analysis of Sputum

(Signed) A. B. Glascock, M. D.

, 19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL McDaniels cemetery Talbot Co Md. Date of Burial April 20 1926

20 UNDERTAKER Wm Geo. H. Dengis & Son F. E. Nelson

ADDRESS 1307 Pulaski St

Key important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 09690 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09690

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. W. 3) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Brookes

(a) RESIDENCE No. 635 Raburg st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Brookes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 16, 1926, that I last saw her alive on April 16, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Wm C Lane Jr M. D.

4-16 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 4/20 1926

20 UNDERTAKER F. J. Tabler & Sons

ADDRESS 131 E. Eighth St

Spec.—1-10-21—M&T—1500 Blks.

E 09691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09691

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 W Spaulding Ave WARD) 27-2

2-FULL NAME Raymond H Arnsberger

(a) RESIDENCE NO. 1 W Spaulding ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) — — 1906

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
20	—	—	

8 OCCUPATION OF DECEASED 031

(a) Trade, profession or particular kind of work Piston ring

(b) General nature of industry, business, or establishment in which employed (or employer) worker

(c) Name of employer Bartlett & Hayward

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Otto Arnsberger

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary C Stein

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Otto Arnsberger
(Address) 1 W Spaulding

15 Filed 9 1926 C. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 18, 1926, that I last saw him alive on April 18, 1926, and that death occurred, on the date stated above, at 7:00 a m.

The CAUSE OF DEATH* was as follows:

Flu Pneumonia.

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Robert Reid M. D.

4/18/26 (Address) 5306 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Dale Cem.

DATE OF BURIAL 4/20 1926

20 UNDERTAKER J. F. Schuyler Sons

ADDRESS 131 Light St.

Cor.—12-9-25—A Co.—200 Bks.

Harry B. Moseman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09692

CERTIFICATE OF DEATH.

90 E 09692

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 Wash Blvd St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry B. Moseman

(a) RESIDENCE NO. 609 Wash Blvd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 21 - 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Himself

9 BIRTHPLACE (city or town) Balt City

(State or country)

PARENTS

10 NAME OF FATHER Henry J. Moseman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt City

12 MAIDEN NAME OF MOTHER Kate Lotte

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt City

14 Informant (Address) Kate Moseman 609 Washington Blvd

15 Filed....., 19.... Registrar

FEB 26 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 - 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Nat Fracture

(duration) .....yrs. .....mos. .....ds.

(Signed) Samuel Strauss M. D.

(Coroner)

, 192 (Address) 3325 Pall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cemy April 21 1926

20 UNDERTAKER — ADDRESS

Jos Joerdens & Son 2173 Bway

IMPORTANT—See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 09693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 096938 71

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 N Paca St. WARD)

2-FULL NAME William Smith

(a) RESIDENCE No. 557 N Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 1871

7 AGE: Years 55 | Months / | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Fannie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Chas H. Thompson

(Address) 1418 W Franklin St

Filed [illegible] 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy, inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) C. T. Hemmeter M.D. (Coroner.)

April 16 1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion DATE OF BURIAL: April 20 1926

UNDERTAKER: Emmert & Wolf ADDRESS: 864 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09694
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

47 E 09694
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 719 S. Dallas ST. 34 WARD)

2-FULL NAME Emma Marie Hundt.

(a) RESIDENCE NO. 719 S. Dallas. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Anthony E. Hundt.

6 DATE OF BIRTH (month, day, and year): May 7th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): at Home 31
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry P. Hamel
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md
12 MAIDEN NAME OF MOTHER: Katherine Roberts
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Anthony E. Hundt.
(Address): 719 S. Dallas St.

15 Filed 20 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/17, 1925, to 4/17, 1926, that I last saw her alive on 4/17, 19, and that death occurred, on the date stated above, at 4:40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Breast)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): 8 months Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of last August

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Harry A Hamilton, M. D.

(Address) 1628 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.
DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Lilly & Geiler
ADDRESS: 408 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09695 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 129

City of BALTIMORE: (No. 948 Mason alley St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George Simms

(a) Residence No. 948 Mason St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5c-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1882

7-AGE. 44 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Fish merchant

(b) General nature of industry, business, or establishment in which employed (or employer). 045

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Thomas Simms

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Sarah Redden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Annie Simms

(Address) 5130 Hoffman

15- Filed. 8 20 1926 19 H. HAMPSON JONES, M. D. Registrar. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 11 1926 to April 17 1926 that I last saw h.. alive on April 17 1926 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) — yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Injury

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. R. Pelletheim M. D.

19 (Address) 817 Hamilton Ter.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	4/20, 1926
20-UNDERTAKER. David T. Hensley	ADDRESS 578 N Eutaw

Spec. 1-10-21 M&T 1500 Blks.

E 09696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 E 09696

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay. View Ave. Ward 47 WARD)

2-FULL NAME Mary Hall

(a) RESIDENCE NO. 1810 Druid Hill Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where deceased was enumerated mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm E. Hall

6 DATE OF BIRTH (month, day, and year) 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
44 years.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Forker White.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records Baltimore City Hospitals.

15 Filed APR 20 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 31. 1926. to April 16. 1926.

that I last saw her alive on April 16. 1926.

and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma. Tongue & Cervical Metastasis.

(duration) months days.

CONTRIBUTORY (Secondary) Terminal Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Clinical & Laboratory

(Signed) Jos. P. Sappington M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 20, 26
20 UNDERTAKER	ADDRESS 578 W Biddle
Samuel J Hennighausen	

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09697.

5/ E 09697

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 McCulloh ST. 14th WARD)

2-FULL NAME Louise Waters

(a) RESIDENCE NO. 1609 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Waters

6 DATE OF BIRTH (month, day, and year): Mar-10-1908

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
18	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of Industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Northumberland Co Virginia

PARENTS

10 NAME OF FATHER: Hamilton Cuiz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Northumberland Co Virginia

12 MAIDEN NAME OF MOTHER: Mary Eliza Hutchens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northumberland Co Virginia

14 Informant (Address): James Waters 1609 McCulloh

15 Filed APR 20 1926 19 C. HARDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/13, 1926, to 4/17, 1926,

that I last saw her alive on 4/17 1926

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Acute articular Rheumatism (duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dan Jamison, M. D.

4/16 1926 (Address) 122 N. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Northumberland Co Va

DATE OF BURIAL: Apr 21 1926

20 UNDERTAKER: Sam'l H. Glass & Son

ADDRESS: 1400 Druid Hill Ave

E 09698

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

E 09698

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 209 N. Montgomery St. WARD) 27-1

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha Mafsole Thomas

(Residence in Baltimore: No. 209 N. Montgomery St. 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Unknown (Month) (Day) 1901 (Year)

7 AGE 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Ida Marsh

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Baynard

(Address) 513 S. Green

15 Died R 20 1926, 191

C. HAMPSON JONES, M. D.

Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 17, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1926, to Apr 17 1926 that I saw h[illegible] alive on Apr 17, 1926 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclamsia

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Labor

(Duration) yrs. mos. 2 ds.

(Signed) J. T. Carroll M. D.

4/19, 1926 (Address) 136 W. Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Laurel Elm DATE OF BURIAL R[illegible] 20 1926

20 UNDERTAKER Thos. F. Chase & Son ADDRESS 1400 Mosher

If very important. See instructions on back of certificate. Except statement of OCCUPATION

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09699

CERTIFICATE OF DEATH.

25-9 179 E 09699

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME David Mongor Jr.(C)

(a) RESIDENCE NO 3rd.Ave.& 9th St.Faitfield. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 27,1920.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina.

10 NAME OF FATHER David Mongor Sr.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Sarah Seymore.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

Informant Sarah Mongor.C.(mother)
(Address) 3rd.Ave.& 9th.St.Fairfield.

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
2nd degree burns about the body.
clothing ignited from a stove.
Accidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto W. Reinhardt, M. D.
(Coroner.)
April 19, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?
3rd Ave & 9th St. Fairfield. 4/17/26

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL mont alburn cemetery — DATE OF BURIAL april 20 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09700 — CERTIFICATE OF DEATH. — + 100 E 09700

1-PLACE OF DEATH University Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Lombard & Greene St. 4-1 WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. F. Simms

(a) RESIDENCE NO. Glenarm ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Simms

6 DATE OF BIRTH (month, day, and year) Dec. 2nd 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	73	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer) 930

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew J. Simms

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jane Bowen

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) England

14 Informant Mrs Edward Simms (Address) Glenarm. Md.

15 Filed Apr 20, 1926 C. HAMPSON JONES, M. D., Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1926 to Apr. 19, 1926 that I last saw h.. alive on Apr 19, 1926 and that death occurred, on the date stated above, at 8 7/8 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

Anaemia

Senility

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Terminal Bronchitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Laboratory

(Signed) Jno Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Cemetery — DATE OF BURIAL April 22, 26

20 UNDERTAKER Frederick Loseman Sons — ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Bks.

E 09701 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09701

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 East ST. 51 WARD)

2-FULL NAME Mary Ellis Gaines

(a) RESIDENCE NO. 514 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1868

7 AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto;

12 MAIDEN NAME OF MOTHER Henrietta Trumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Alfred Gaines

(Address) 514 East St

15 Filed APR 20 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1926, to 4/16, 1926.

that I last saw her alive on apr 16, 1926

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cl Myocarditis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

4/17, 1926 (Address) 730 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery Apr. 20 1926

DATE OF BURIAL

UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Eastland Av.

Spec.—1-10-21—M&T—1500 Bks.

E 09702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09702

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 412 E. 24th (St.) (Ward) 12-4

2-FULL NAME Sallie Stewart

(a) RESIDENCE NO. 412 E. 24th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Stewart

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersville Va

PARENTS

10 NAME OF FATHER Jack Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant George Stewart (Address) 412 E. 24th St.

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925 to Apr 17, 1926

that I last saw h[illegible] alive on Apr 17, 1926

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Exam

(Signed) R. Garland Schmidt M. D.

Apr 20, 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Petersville Va. DATE OF BURIAL Apr 20 1926

UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Eichlander

APR 20 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-002

E 09703

CERTIFICATE OF DEATH.

151 **E 09703**

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 77-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Cooper

(a) RESIDENCE NO. 922 N. Hayward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 6th 1926

7 AGE: Years / Months 3 / Days 13 / If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Jas. Cooper

11 BIRTHPLACE OF FATHER (city or town) Ind. (State or country)

12 MAIDEN NAME OF MOTHER Katie Matthews

13 BIRTHPLACE OF MOTHER (city or town) Ind. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17th 1926 to April 19 1926, that I last saw h alive on April 19th 1926, and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Multiple Congenital Malformations (Cleft palate, Congenital Abt. hydrometers) Pneumonia Bronchiale (duration) 1 yr mos ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchiale (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 4/20 1926

20 UNDERTAKER H. J. Richard & Son

ADDRESS Lexington Street

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09704

CERTIFICATE OF DEATH.

3 E 09704

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 W. Lafayette Ave ST. 16-7 WARD)

2-FULL NAME Ignatius Colbert

(a) RESIDENCE NO. 1431 W. Lafayette ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Colbert

6 DATE OF BIRTH (month, day, and year) 4-8-98

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. T. Colbert.

11 BIRTHPLACE OF FATHER (city or town) Bowie Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Boulden

13 BIRTHPLACE OF MOTHER (city or town) Bowie Md
(State or country)

14 Informant Chas. Colbert
(Address) 1431 W. Lafayette ave

15 Filed 20 1926 19 H. A. PETERSON JENKINS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19- 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-3-, 1926, to 4-19, 1926,

that I last saw h alive on 4-19-, 1926,

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

From History 10 mos.
Personal Knowledge (duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) George C Page M. D.

, 19 (Address) 1802 N. Mobert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL April 23 26

20 UNDERTAKER Thomas G. Kelson

ADDRESS 1303 Eastmore St

Cor.—12-9-25—A Co.—200 Bks.

E 09705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09705

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

2-FULL NAME Joseph C. Nelson

(a) RESIDENCE NO. 1016 N. Wolfe St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: xxx x

6 DATE OF BIRTH (month, day, and year): June 27/1912

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	13	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: ////////

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel H. Nelson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary E Galloway

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant Mary E Galloway

(Address) 1016 N Wolfe St

15 Filed_____, 19__ A. _____ Registrar

FEB 20 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis- following ruptured Appendix.

(Autopsy at Hopkins)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

4/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Apr 20 1926

Date of Burial

20 UNDERTAKER: Lottie Gross ADDRESS: 1405 Meelderry Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09706

CERTIFICATE OF DEATH.

E 09706

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkind Hospital 16-6 Ward)

2-FULL NAME James Frazier

(a) RESIDENCE NO. 915 N. Carey St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nd

(b) General nature of industry, business, or establishment in which employed (or employer) nd

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (Robt. Frazier)

(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ozell Johnson

12 MAIDEN NAME OF MOTHER Md

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hopkins Records

(Address)

C. HAMPSON JONES, M. D.

Filed APR 20 1926, 19____ P.S. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia(Prob. Bronchial)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

Signed J. H. Paterson (Coroner) M. D.

Dated 4/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 4 20 1926

20 UNDERTAKER John H. Tradewell & Hill ADDRESS 1 E. Lexington St.

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09707

CERTIFICATE OF DEATH.

E 09707

1-PLACE OF DEATH 1514 N. Durham

City of BALTIMORE: (No. 1514 N. Durham St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Keeling Faekler

(a) Residence No. 1514 N. Durham St., 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Mar. 13 1926

7-AGE. 6

yrs. Mo. mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Harry Faekler

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Harrisburg Pa

12-MAIDEN NAME OF MOTHER. Mary Keeling

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant) Magdalene Faekler

(Address) 1514 N. Durham St.

15- [illegible] Registrar.

APR 20 1926 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 19, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1926 to April 19, 1926

that I last saw him alive on April 19, 1926

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. one ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) yrs. 1 mos. 7 ds.

18-Where was disease contracted if not at place of death? Place of birth

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Clinical

(Signed) C. D. Macdonald M. D.

April 19 1926 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer

DATE OF BURIAL. April 20th 1926

20-UNDERTAKER. Leo D. Cook

ADDRESS 1723 Patterson Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09708

E 09708

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST., 4-1 WARD)

2-FULL NAME Clarence Kennedy.

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Do not know.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Police Report.
(Address) Central District.

Filed APR 20 1926 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Eichardt, M. D. (Coroner)

April 8, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	192
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
APR 20 1926
MORGUE

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09709

CERTIFICATE OF DEATH.

31 E 09709

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1415 Eastern St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Finder

(a) RESIDENCE NO. 1415 Eastern St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	unknown

5a If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) weaver

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Austria

PARENTS

10 NAME OF FATHER Finder

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Austria

14 Informant _____

(Address)

15 Filed _____ 19 _____ HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h___ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ___ yrs. 7 mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James H. Linder M. D.

(Coroner)

9/16 1926 (Address) 709 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 09710 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09710

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 N. Lakewood Ave ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer William Backof

(a) RESIDENCE NO. 447 N. Lakewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick J. Backof

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes Tellgkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Frederick J. Backof

(Address) 447 N. Lakewood Ave

15 PR 20 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/17, 1926, to 4/18, 1926, that I last saw him alive on 4/15, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

9 days

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Re Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leland H. Taylor M. D.

, 19 26 (Address) 3326 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL April 21 1926

20 UNDERTAKER Pilly and Zeiler ADDRESS 463 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09711

CERTIFICATE OF DEATH.

101-001

E 09711
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bath Street ST. 23-1 WARD)

2-FULL NAME Sitta Hale.

(a) RESIDENCE NO. 1317 Patapsco St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George Hale.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Porto Rico

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Porto Rico

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Porto Rico

14 Informant Mr. A. J. Souza Son in law
(Address) 1 Coast Guard Dept. Curtis Bay

28 20 1926 C. HAMPSON JONES, Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to April 18, 1926, that I last saw her alive on April 18, 1926, and that death occurred, on the date stated above, at 4 15 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Pneumonia. acute

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James E Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Assn.

DATE OF BURIAL Apr 20 1926

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1212 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

E 09712 DATE OF DEATH

REGISTERED No. C E 09712

CITY OF BALTIMORE (No. 3918 Gilford ave ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Barry

(Residence in Baltimore: No. 3018 Gilford ave. St.; yrs., 67 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) M

6-DATE OF BIRTH, Mar. 17, 1859 (Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): M. Barry & Co

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edw. Barry

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridget Connor

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Barry

(Address) 3018 Gilford ave

15- R 20 1926 C. HAMPSON JONES, M. D.

Filed ..... 191 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 17th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Duration Hours

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A. Moran (Coroner) M. D.

4/19, 191 (Address) 3C 32 Rd Bmde

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cathedral — DATE OF BURIAL, 4/20/ 1926

20-UNDERTAKER John A. Moran — ADDRESS 3000 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 09713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09713

CERTIFICATE OF DEATH.

22-2 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 W. Fort St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Goldstein

(a) RESIDENCE NO. 102 W. Fort ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Drive Allen (Address) [illegible]

15 Filed 20 1926 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to April 17, 1926, that I last saw him alive on April 16, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Smith, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

DATE OF BURIAL April 20 1926

20 UNDERTAKER [illegible]

ADDRESS 1018 W. Mulberry

Spec.—12-9-25—A Co.—200 Blks.

E 09714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09714

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 129 Lloyd St. 3-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Poggioli

(a) RESIDENCE NO. 129 Lloyd St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 14 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Poggioli

6 DATE OF BIRTH (month, day, and year) May 9 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Italy

PARENTS

10 NAME OF FATHER Frank Poggioli

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Casella

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Italy

14 Informant Jennie Poggioli

(Address) 129 Lloyd St

Filed APR 20 1926 C. HAMPSON JONES, M. D. Registrar

For Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 18, 1926, that I last saw him alive on April 18, 1926, and that death occurred, on the date stated above, at 2:50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. L. Passagno, M. D.

4-19-26 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Date of Burial April 1926

20 UNDERTAKER Wendell Piffelson ADDRESS 37 S Fre

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09715
1-PLACE OF DEATH

38

E 09715
REGISTERED NO.

CITY OF BALTIMORE: (No. 1015 Wilcox ST. 10-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. F. Cumberlands

(a) RESIDENCE NO. 1015 Wilcox ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
10	11	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER George Cumberland

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Nora Desmond

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Lost. Miss.

14 Informant Nora Cumberland (Address) 1015 Wilcox st

15 Filed APR 20 1926 C. HAMPSON JONES, R. Per R.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to Ap 17, 1926, that I last saw h.l.V alive on April 17, 1926 and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Exhaustion after Hemaplegia

(duration) X yrs. X mos 6 ds.

CONTRIBUTORY (Secondary) Hemaplegia probably Syphilis (duration) X yrs. X mos. 42 ds.

18 Where was disease contracted if not at place of death? probably, Presidy

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O.H. Duker, M. D.

4/19, 1926 (Address) 928 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Elmer W. Bentley — ADDRESS: 924 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

E 09716

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09716

CERTIFICATE OF DEATH.

9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722½ W Franklin St., 17-3 Ward)

2-FULL NAME Elizabeth Paul

(a) RESIDENCE NO. 722½ W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1, 1925

7 AGE — Years: one — Months: — Days: 18 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Paul

11 BIRTHPLACE OF FATHER (city or town) Darlington (State or country) S. C.

12 MAIDEN NAME OF MOTHER Irene Byron

13 BIRTHPLACE OF MOTHER (city or town) Darlington (State or country) S. C.

14 Informant James Paul

(Address) 722½ W Franklin St

15 Filed APR 20 1926 C. HARRISON JONES, M. D. R. K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to April 19, 1926, that I last saw h[illegible] alive on April 19 1926, and that death occurred, on the date stated above, at 4 [illegible] P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? M Date of

Was there an autopsy? M

What test confirmed diagnosis? Clinical none

(Signed) H. Clayton, M. D.

, 19 (Address) 722 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: April 20 1926

20 UNDERTAKER: David Easton — ADDRESS: Paine

Spec.—1-10-21—M&T—1500 Bks.

09717

HEALTH DEPARTMENT—CITY OF BALTIMORE

10E 09717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 750 W Franklin ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ward

(a) RESIDENCE NO. 750 W. Franklin ST. ST., WARD Maternity.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elien Ward.

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 23 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant (Address): Mary Ward 750 Bullitt St

15 FEB 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1926.

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to April 9, 1926,

that I last saw her alive on April 8, 1926,

and that death occurred, on the date stated above, at 4:25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Pneumonia,

Pneumococcus Septicemia.

March 31 - To April 9.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Pneumonia.

(Signed) Autopsy only, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 5/10 1926

20 UNDERTAKER: Paul Yeatman

ADDRESS: Pikesville

Spec.—1-10-21—M&T—1500 Bks.

09718

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09718

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Brunt ST. 17-1 WARD)

2-FULL NAME Edward Woods

(a) RESIDENCE NO. 1311 Brunt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia Woods

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 33 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Ga.

PARENTS

10 NAME OF FATHER: Willis Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Delia Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

14 Informant: Georgia Woods
(Address): 1311 Brunt St.

Filed APR 20 1926 C. HAMPSON JONES, M. D. Registrar

R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1926, to April 17, 1926.

That I last saw him alive on April 17, 1926.

and that death occurred, on the date stated above, at 4:15 A m

The CAUSE OF DEATH* was as follows:

Tabes pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Robert F Green M. D.

4-19, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: April 20 1926

20 UNDERTAKER: Denis Easton

ADDRESS 916 Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09719

CERTIFICATE OF DEATH.

113 E 09719

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1035 W. Saratoga St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Wilson

(a) Residence No. 1035 W. Saratoga St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 13, 1926

7-AGE. ..... yrs. ..... mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant son

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER, James Kamphor

11-BIRTHPLACE OF FATHER (city or town). Baltimore
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Mildred Wilson

13-BIRTHPLACE OF MOTHER (city or town) Dorchester Co
(State or Country), Md

14- (Informant)..... Mildred Wilson

(Address)..... 1235 W. Saratoga St

15- C. HAMPSON JONES, M. D.

R 20 1926 192 K K Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 19, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 13 1926 to Apr 19 1926

that I last saw h[illegible] alive on April 19 1926

and that death occurred, on the date stated above, at 11[15] A.M.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

April 19 1926 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Cemetery

DATE OF BURIAL. April 21 1926.

20-UNDERTAKER. Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 09720

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

10 E 09720

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sydenham Hospital.

CITY OF BALTIMORE: (No.) ST. 15-13 WARD)

2-FULL NAME Robert Thomas Monyer.

(a) RESIDENCE NO. 2103 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby 4th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2.	7	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none, pat

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Norwood Monyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bessie Fenwick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr Norwood Monyer

(Address) 2103 N Fulton Ave

15 Filed [illegible] 19 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14 1926 to April 20 1926

that I last saw him alive on April 20 1926

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pharyn & Laryn Diphtheria

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 4/14/26

Was there an autopsy? no

What test confirmed diagnosis? Pos. Diph Culture

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Apr 20 26

UNDERTAKER: John J Conway & Son Jos J Conway

ADDRESS: 90 Holl

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09721

CERTIFICATE OF DEATH.

E 09721
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Emerson ST. 70-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME **Thomas Woodland**

(a) RESIDENCE NO. 2522 Emerson St., ST. ..... WARD .
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 2 mos 16 ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby 3 - 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2	16.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thurman P. Woodland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr T Thurman Woodland
(Address) 2522 Emerson St

15 Filed 2 0 1926 H. HAMPSON JONES, M. D.
Registrar
Per R H H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19/ 26

17
I HEREBY CERTIFY, That I attended deceased from Apr., 17, 19 26 to Apr., 19, 19 26.
that I last saw h im alive on Apr., 19 / 26 19
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchia Pneumonia

4 Days (duration) yrs mos ds.

CONTRIBUTORY (Secondary) **Oedema of Lungs.**

(duration) yrs mos. / ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis? Symptoms

(Signed) Edward Hendelman, M. D.

, 19 (Address) 2218 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Apr 20 26
20 UNDERTAKER John F. Cannon & Son	ADDRESS 901 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

E 09722 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09722

CERTIFICATE OF DEATH. + 1-001

1-PLACE OF DEATH Univ. Hospital Balto Md

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD)

2-FULL NAME George Gaines

(a) RESIDENCE NO. Eckerville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucinda Gaines

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE Years 37 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Gaines

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sallie Tucker

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Elmer Hosp Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/14, 1926, to 4/19, 1926, that I last saw h alive on April 19, 1926, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Perforation of Ileum

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs & Symptoms

(Signed) Kenneth B Boyd, M. D.

, 19 (Address) Univ Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baptist Church Bath Co Va DATE OF BURIAL Apr 21 26

20 UNDERTAKER H. C Brooks ADDRESS Sparks Md

Spec.—1-10-21—M&T—1500 Blks.

E 09723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09723

CERTIFICATE OF DEATH.

+ 23

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Chilcoat

(a) RESIDENCE NO. Sparks ST. Md. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 4/1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Nov 28, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	16	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Grover C. Chilcoat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ethel Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant University Hosp. (Address)

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1926, to Apr. 20, 1926.

that I last saw her alive on Apr. 20, 1926.

and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Encephalitis

Coma,

(duration) 0 yrs. 1 mos 13 ds.

CONTRIBUTORY (Secondary) Terminal broncho-pneumonia (duration) 0 yrs. 0 mos. 8 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Phys. exam. & lab. tests.

(Signed) Eva F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant Balto Co

DATE OF BURIAL Apr 22, 19 26

20 UNDERTAKER H. C. Brooks

ADDRESS Sparks Md

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09724 E 09724

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospt ST. 11-V WARD)

2-FULL NAME Baby Carrol Ousler

(a) RESIDENCE NO. Rockhaven Ave, ST. Ellicott City Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 13, 1925

7 AGE — Years: ~~4 mos.~~ — Months: 4 Dec. — Days: 7 13

If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md.

PARENTS

10 NAME OF FATHER C. Carles Ousler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Marriottsville, Md.

12 MAIDEN NAME OF MOTHER Adele Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Henryton, Md.

14 Informant: Mr. Chas. Ousler

(Address) Ellicott City Md.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1926, to Apr. 20, 1926, that I last saw him alive on Apr. 20, 1926, and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Edema of lungs.

(duration) yrs. mos. ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cem.

DATE OF BURIAL: Apr. 23, 19 26

20 UNDERTAKER: Earle Sons

ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 09725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 82 Darby ST. 13-3 WARD) 128

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert F. Burp

(a) RESIDENCE NO. 82 Darby ST., 13 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27-1925

7 AGE: Years 1 Months 1 Days 23

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert Burp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eva Hare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Albert Hare. (Address)

15 Filed 0 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to April 19, 1926, that I last saw him alive on April 19, 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute nephritis.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Empyema

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obvious

(Signed) C. Hampson Jones M. D.

4-19-1926 (Address) 701 N. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Liberty Balto Co

DATE OF BURIAL: April 21 1926

20 UNDERTAKER: Edelmouth Gibson

ADDRESS: 36 N Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09726

CERTIFICATE OF DEATH.

90 E 09726

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1741 Wilkens Ave. St. 14-2 Ward)

2-FULL NAME Augusta Weber

(a) RESIDENCE NO. 1741 Wilkens Avenue St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Weber

6 DATE OF BIRTH (month, day, and year) June 9, 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Francis Englehardt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Fred Weber

(Address) 1741 Wilkens Avenue

15 1926 C. HAMPSON JONES, M. D. Registrar

Per Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1926, to April 19th, 1926

that I last saw her alive on April 18th, 1926

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Decay

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ur

Did an operation precede death? Ur Date of

Was there an autopsy? Ur

What tests of diagnosis?

(Signed) Gordon Mortimer, M. D.

Apr 19 1926 Address) 530 North Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial Apr. 21 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1002 N. Eutaw St.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 09727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09727

CERTIFICATE OF DEATH.

+100-001

1-PLACE OF DEATH West Baltimore Gen. Hosp

CITY OF BALTIMORE: (No. Raynor ave & Dukeland ST., 11-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Eva Whipps.

(a) RESIDENCE NO. Wilkens ave Estill ST., Relay md WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patterson E Whipps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Eva Tyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Patterson E Whipps

(Address) Relay Md

15 JUN 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1926, to Apr 20, 1926, that I last saw her alive on Apr 20, 1926, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Acute Mastoid Septicaemia. (duration) ..... yrs. ..... mos. 10 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 19 1926

Was there an autopsy? no.

What test confirmed diagnosis? Clinical, Findings

(Signed) R. Hamilton, M. D.

4/20 1926 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 4/22 1926

20 UNDERTAKER Robert L Bowersox

ADDRESS 1121 Baltimore Pulaski St

Spec.—1-0-25—M&T—1500 Blks.

1908 E 09728

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 09728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 1-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vito Wodshilegers

(a) RESIDENCE No. 629 N. Lynnwood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/20/1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		3	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Baltimore
(State or country)

PARENTS

10 NAME OF FATHER William Wodshilegers

11 BIRTHPLACE OF FATHER (city or town) Ind
(State or country)

12 MAIDEN NAME OF MOTHER Anetta Riano

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13th, 1926, to April 20th, 1926, that I last saw h alive on April 20th, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Congenital lues

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Alexander McLafferty M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent Cemetery

DATE OF BURIAL 4/22/26 19

20 UNDERTAKER Geo. J. Rudy Jr.

ADDRESS 1735 Hanford

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09729

101-001

E 09729

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 3-1 Ward)

2-FULL NAME James P Leary

(a) RESIDENCE NO. 26 S. Albemarle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Leary

6 DATE OF BIRTH (month, day, and year) Feb 24. 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 051

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Salto Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Salto Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Salto Md

(State or country)

14 Informant Alice Leary

(Address) 26 S Albemarle

15 Filed ..... 19 ..... Registrar

20 1926 RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 18 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sudden Pneumonia Lobar

10 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

Apr 19 1926 (Address) 1137 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Peters Apr 20 1926

20 UNDERTAKER ADDRESS

Wm Cook 502 E Madison

Cor.—12-9-25—A Co.—200 Bks.

D. Fenton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09730

CERTIFICATE OF DEATH.

88 E 09730

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 3rd Ward)

2-FULL NAME Margaret Bush

(a) RESIDENCE NO. 245 S. Caroline St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND OF (or) WIFE of: Edward Bush

6 DATE OF BIRTH (month, day, and year): 12-9-1892

7 AGE: Years 33 Months 4 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): (37)

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Maryland

14 Informant Edward Bush

(Address) 245 S. Caroline

15 Filed _____ 19 _____ G. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) did that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Subacute Alcoholism

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ___ yrs. ___ mos. 4 ds.

(Signed) James M. Fenton M. D. (Coroner)

4-19 1926 (Address) 702 Chanel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 245 S. Caroline

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial 4/21 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nmk

Any important. See instructions on back of certificate.

over

Cor.—1-12-23—M&T—100 Bks.

E 09731

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001

E 09731

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Carter St. S. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amdrose Berry.(C)

(a) RESIDENCE No 1701 Carter St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Siggle.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 9, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Cleveland Berry.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Louise Hyatt.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Louise Berry.(C)mother.

(Address) 1801 Carter St.

Filed 1926, 192 C. HAMPSON JONES, M. D. Registrar

Per RK.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Pulmonary hemorrhage.

(duration) .. yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

April 20, 1926 (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County — DATE OF BURIAL 4/21/26 1926

20 UNDERTAKER Byron Wright — ADDRESS 1218 McElderry

Spec.—1-10-21—M&T—1500 Bks.

E 09732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

E 09732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 E 34th St. 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fletcher Long

(a) RESIDENCE NO. 604 E. 34th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Homer Long.

6 DATE OF BIRTH (month, day, and year) Oct 18, 1852.

7 AGE	73 Years	6 Months	2 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance 086

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm. Long.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Shaeffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Miss Carrie Long

(Address) 604 E. 34th St.

15 Filed 4/20 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 14th 24. to Apr 19th 1926.

that I last saw h~~im~~ alive on Apr 19th 1926.

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Exhaustion Partial

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elsrich M. D.

19 (Address) 604 E. 34th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Apl 21 1926

UNDERTAKER Bowmeans Bros.

ADDRESS 805 N. Eden St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09733

CERTIFICATE OF DEATH.

E 09733

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 W Lanvale ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Crowner

(a) RESIDENCE No. 605 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER R. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elsie Crowner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fannie Downey

(Address) 605 W Lanvale St.

15 Filed 2-1 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19-1926

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 19, 1926, that I last saw her alive on April 19, 1926, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. L. W. Kennard M. D.

4-20, 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 4-21, 1926

20 UNDERTAKER John H. Trader — ADDRESS 1027 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09734

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 09734

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1347 n. Stricker ST. 15-13 WARD)

2-FULL NAME Leonard Green

(a) RESIDENCE NO. 1347 n. Stricker st ST., ... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-12-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) West River
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Green

11 BIRTHPLACE OF FATHER (city or town) West River Md.
(State or country)

12 MAIDEN NAME OF MOTHER Harriett Pindell

13 BIRTHPLACE OF MOTHER (city or town) West River, Md.
(State or country)

14 Informant Wm. H. Green
(Address) West River, Md.

15 Filed R 21 1926 S. HAMPSON JONES, M. D. Registrar
By ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18- 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-10- 1926 to 4-18- 1926, that I last saw h alive on 4-18- 1926, and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .... yrs. .... mos 9 ds.

CONTRIBUTORY (Secondary)
(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George C Page M. D.

, 19 (Address) 1862 n. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL:
Booze Hills Cemetery	Mar 21 1926
UNDERTAKER	ADDRESS
Virginia A Brooks	1463 N Carey

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09735

CERTIFICATE OF DEATH.

× 129 ✓

REGISTERED NO. E 09735

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28th WARD)

2-FULL NAME Thomas McDonough

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD Easton - Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): About - 1848

7 AGE: Years 77 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer): F. Work -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Trappe Md

PARENTS

10 NAME OF FATHER: Thomas McDonough -

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Cath. Regan

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country): Ireland -

14 Informant: Records of Mt Hope Retreat
(Address): Mt Hope Md

15 Filed APR 21 1926 19 C. HAMPSON JONES, M. D. Registrar
For R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 5, 1926, to Apr 20th 1926, that I last saw h[illegible] alive on Apr 19th 1926, and that death occurred, on the date stated above, at a.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis - Cum Endocarditis -
Post Senile Atheroma -

abt (duration) 6 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Senile Psychosis -
abt (duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Trappe Md -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery - M. D.

Apr 20 19 (Address) Mt Hope Retreat Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Apr 21 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Sec. 1, Chap. 495, Laws of Md., 1914. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09736

CERTIFICATE OF DEATH.

129 E 09736

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1136 Harford ave St. 10-K Ward)

2-FULL NAME Frank E. Crosbie

(a) RESIDENCE NO. 1136 Harford ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Rose aul Crosbie

6 DATE OF BIRTH (month, day, and year) april 1. 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paymaster 186

(b) General nature of industry, business, or establishment in which employed (or employer) City Hall

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER ~~Catha~~ Auger Crosbie

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER Catherine McCabe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant (Address) Mrs. Crosbie 1136 Harford ave

15 Filed. 19 HARRY JONES, M. D. Registrar

R 2 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) april 20 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27. 19 26 to Apr 20 19 26

that I last saw h~~im~~ alive on Apr. 19 19 26

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Bright's Disease.

(duration) 1 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) → Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry E. Wilson M. D.

, 19 (Address) 3 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: april 23 1926

20 UNDERTAKER: Margaret L. Flynn ADDRESS: 1422 Light St.

Any important directions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09737

CERTIFICATE OF DEATH.

90 E 09737

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 18-2 WARD)

2-FULL NAME Florence Hopkins

(a) RESIDENCE NO. 864 W. Fairmount ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: colored
5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: 51 Years | Months | Days | If LESS than 1 day, ... hrs or min.
5 Dys

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housework. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed ..., 19 ... (J. HAMPSON JONES, M. D.) Registrar
APR 21 1926 Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1926, to April 18, 1926, that I last saw her alive on April 18, 1926, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis ?
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller. M. D.

4/19, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: April 21 1926

20 UNDERTAKER: J. L. Brown & Son — ADDRESS: 108 W. Monty St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09738

CERTIFICATE OF DEATH.

10 001

10 E 09738

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 W. Henrietta ST. 23-1 WARD)

2-FULL NAME Henrietta Hicks -

(a) RESIDENCE NO. 153 W. Henrietta ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Hicks

6 DATE OF BIRTH (month, day, and year) —— 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Work

(b) General nature of industry, business, or establishment in which employed (or employer) Wash + Iron

(c) Name of employer

9 BIRTHPLACE (city or town) Chestertown
(State or country) Maryland -

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) Queenstown Co
(State or country) Maryland -

12 MAIDEN NAME OF MOTHER Annie Blacks

13 BIRTHPLACE OF MOTHER (city or town) Chestertown
(State or country) Maryland

14 Informant Charles Johnson
(Address) 153 W. Henrietta St

Filed APR 21 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1926, to 4/19, 1926, that I last saw h alive on 4/18, 1926, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 12 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No, Date of

Was there an autopsy? no

What test confirmed diagnosis? none.

(Signed) Dr Francis M. D.

4/19 1926 (Address) 132 W Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL April 22 1926

20 UNDERTAKER S. H. Brown & Son — ADDRESS 101 N Mon

Cor.—1-12-23—M&T—100 Bks.

E 09739

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 09739

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N.High St. ST. 5-1 WARD)

2-FULL NAME Maggie Davis.(C)

(a) RESIDENCE No 135 N.High St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Married.

5a If married, widowed, or divorced, WIFE (or) HUSBAND of Samuel Davis.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina.

10 NAME OF FATHER Samuel McFedden.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Samuel Davis.(C) husband.

(Address) 135 N.High St.

Filed , 192 HAMPSON JONES, M. D. Registrar

APR 21 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt, M. D. (Coroner.)

April 19, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bushoville S. C.	April 21, 1926
20 UNDERTAKER	ADDRESS
I. L. Brown & Son	108 W. Mulberry St

PRR via Southern RR—

Spec.--1-10-21—M&T—1500 Bks.

E 09740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 09740

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Sherwood Ave ST. 9-5 WARD)

2-FULL NAME Charles E. Kehne.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 1918 Sherwood Ave ST. - WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 3rd 1912

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
13	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Justus Kehne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Alberta Pipino

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Justus Kehne

(Address): 1918 Sherwood ave

15 Filed APR 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to Apr. 20, 1926.

that I last saw him alive on Apr 18, 1926,

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Progressive multiple Neuritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher M. D.

4/20 1926 (Address) 1823 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: April 23 1926

20 UNDERTAKER: Geo M. Funk & Son

ADDRESS: 811 N Way.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09741

CERTIFICATE OF DEATH.

9 E 09741

REGISTERED NO.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Washington

(a) RESIDENCE NO. 719 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: 51 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

5 yrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Peter Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Meloney Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

2 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to April 18, 1926.

that I last saw h alive on April 18, 1926.

and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) yrs. 14 mos. (History)

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

4/19/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Clemens Sons

DATE OF BURIAL: April 21 1926

20 UNDERTAKER: David Easton

ADDRESS: 6 a m

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

002

CERTIFICATE OF DEATH.

E 09742 PLACE OF DEATH

4/22 E 09742 REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland General Hosp. ST. 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Weldon

(a) RESIDENCE NO. 307 E 28th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: widowed.

6 DATE OF BIRTH (month, day, and year): March 8-1861

7 AGE: Years 66 Months 1 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn.

PARENTS

10 NAME OF FATHER Daniel Wagle.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Rebecca Bitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: daughter

(Address) 307 E 28th St.

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/31/26, 19 . to 4/18/26, 19 .

that I last saw her alive on 4/18/26, 19 .

and that death occurred, on the date stated above, at 5: p.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis,

Cirrhosis of liver - Passive congestion of Spleen & Kidney (duration) yrs. 3 mos. dys.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 1 dy.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) E. L. Evans, M. D.

19 (Address) Md. Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 4-24 1926

20 UNDERTAKER: John A Moran — ADDRESS: 3000 E. B.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09743

CERTIFICATE OF DEATH.

74-001 E 09743

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 W. Hamburg ST., 21-3 WARD)

2-FULL NAME Ellen Mary Shandleffer

(a) RESIDENCE NO. 1114 W. Hamburg ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Henry Shandleffer

6 DATE OF BIRTH (month, day, and year): May 1848

7 AGE — Years: 77 | Months: 11 | Days: 12 | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): ~~At Home~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Jacob Smith

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Joseph Shandleffer 1114 W. Hamburg St.

15 Filed ..... 19 ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 20, 1926, that I last saw her alive on April 18, 1926, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Apoplexy (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Abysical Ex

(Signed) J. M. Lemperum M. D.

4/20 1926 (Address) 826 N Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery — DATE OF BURIAL: Apr 22 19 26

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Fallsway

CATHERINE SOMERVILL

2 1 1926

Spec.—1-10-21—M&T—1500 Bks.

E 09744

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 09744

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 Kavanaugh ST. 15-12 WARD)

2-FULL NAME George Horsey

(a) RESIDENCE NO. 1811 Kavanaugh St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Horsey

6 DATE OF BIRTH (month, day, and year) 4-17-91

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER George Horsey

11 BIRTHPLACE OF FATHER (city or town) Carroll Co., (State or country) Md.

12 MAIDEN NAME OF MOTHER Susie Robinson

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co., Co. (State or country)

14 Informant Susie Horsey

(Address) 1811 Kavanaugh St

15 Filed 19

C. HAMPSON JONES, M. D.

Registrar

R 2 T 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-11 , 1926 , to 4-18 , 1926 ,

that I last saw h alive on 4-18 , 1926 ,

and that death occurred, on the date stated above, at 9:40 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease about (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) George C Page M. D.

, 19 (Address) 1806 N. Mobert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemtery

DATE OF BURIAL April 21 1926

20 UNDERTAKER Wm Jas. H. Dennis Per T. G Nelson

ADDRESS 1303 Preston

Spec.—1-10-21—M&T—1500 Blks.

E 09745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 09745

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4th WARD)

2-FULL NAME Joseph Kopfermann Jr.

(a) **RESIDENCE** No. Lansdowne Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1/1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lansdowne Md. (State or country)

PARENTS

10 NAME OF FATHER Jerome Kopfermann

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Kuhn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Hospital Records. (Address)

15 Filed APR 21 1926 19 C. HAMPSON JONES, M. D. Registrar

R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-26 19

I HEREBY CERTIFY, That I attended deceased from 4-13-26, 19, to 4-19-26, 19.

that I last saw h~~er~~ alive on 4-19-26, 19,

and that death occurred, on the date stated above, at 6 30 Pm.

The CAUSE OF DEATH* was as follows:

Burns 2nd 3rd degree Chest Back, shoulders, Arms & buttocks.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia - acute nephritis

Heart failure (duration) yrs. mos. ~~x~~ ds.

17 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. S. Erdmann M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL April 22 1926

20 UNDERTAKER Jos. J. Derr ADDRESS 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09746

CERTIFICATE OF DEATH.

31 E 09746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 240 N. Rose ST., 6-3 WARD)

2-FULL NAME Joseph Dixon

(a) RESIDENCE NO. 240 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 22 / 1924

7 AGE: Years 1 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Jos. Dixon

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Wells

13 BIRTHPLACE OF MOTHER (city or town) Atlanta (State or country) Georgia

14 Informant Mrs. Jos. Dixon (Address) 240 N. Rose St.

15 Filed APR 21 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-26

17 I HEREBY CERTIFY, That I attended deceased from 4-10, 1926, to 4-20, 1926, that I last saw h alive on 4-11, 1926, and that death occurred, on the date stated above, at —.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 22 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09747

CERTIFICATE OF DEATH.

90 days old

E 09747

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Park and Balto Avenue and Street) 9-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Belzner

(a) RESIDENCE NO. 1901 E. 28 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 11 1907

7 AGE: Years 18 Months 8 Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Ry Exp Co

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. (State or country)

PARENTS

10 NAME OF FATHER: Louis J Belzner

11 BIRTHPLACE OF FATHER (city or town): Balto (State or country)

12 MAIDEN NAME OF MOTHER: Catherine V Stewart

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country)

14 Informant: Louis Belzner (Address) 1901 E 28th

15 Filed: C. HAMPSON JONES, M. D. Registrar

1925 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 19. 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enlargement heart

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) a cute dilatation

Duration yrs. mos. ds.

(Signed) W J Riley M. D. (Coroner)

(Address) 1034 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cemetery Date of Burial: 22 1924

20 UNDERTAKER: Louis Neumann ADDRESS: 32 S Bond

Spec.—1-10-21—M&T—1500 Blks.

E 09748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09748

CERTIFICATE OF DEATH.

1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Division ST. 141 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Waichuick

(a) RESIDENCE No. St. Vincents Inf. Asy. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1923.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant St. Vincent's Inf. Asylum

(Address) 1401 Division St. Bet. 3. Calhoun

15 Filed 2 1 1926 By G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20/ 1926

17

I HEREBY CERTIFY, That I attended deceased from April 7. 1926. to April 20. 1926.

that I last saw h[illegible] alive on April 20. 1926.

and that death occurred, on the date stated above, at 8 42 A. M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas R. Goldsborough, M. D.

, 19 (Address) 2925 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 4/21 1926

20 UNDERTAKER Martin Fahey Sons

ADDRESS 427 N. North ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 09740

E 09749

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of BALTIMORE: (No. Nursing Home St. 22-1 Ward)

2 FULL NAME Walter Stewart

(a) RESIDENCE NO. 517 Burgundy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Stewart

6 DATE OF BIRTH (month, day, and year) Oct 2 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	33	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionary

(c) Name of employer Himself

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Stewart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Victoria Ruckert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Bertha Stewart

(Address) 517 Burgundy St

15 Filed 4-21 1926 Registrar RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage from Thrombosis of Left Middle Cerebral Artery

(duration) Hrs. mos.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. ds.

(Signed) Samuel D. Dudley M. D.
(Coroner)

, 19 26 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury. Md Date of Burial 4-21 1926

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

Wm Lucas.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09750

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 09750

REGISTERED NO.

CITY OF BALTIMORE: (No. 611 Barre ST. 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Lucas

(a) RESIDENCE No. 611 Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Lucas

6 DATE OF BIRTH (month, day, and year): Oct 18 1884

7 AGE: Years 41 42 — Months ~~Days~~ 6 6 months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Balt. West Post Boring Blacker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Julia Lucas 611 Barre st

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

T 1926 R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-18- 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 18, 1926,

that I last saw him alive on April 17, 1926

and that death occurred, on the date stated above, at April 18 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Cardiac Insufficiency

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency Dropsy

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos Stace, M. D.

, 19 (Address) Hallehoy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemtery — DATE OF BURIAL: April 20-26

20 UNDERTAKER: Wm Lee & Hooper — ADDRESS: 406 N Carey St

Spec.—1-20-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09751

CERTIFICATE OF DEATH.

162 E 09751

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 102 S Catherine S. 20-4 (WARD)

2-FULL NAME Howell Thomas.

(a) RESIDENCE NO. 102 S. Catherine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-19-26.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Howell D. Thomas

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Lilly Weinhold

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Howell D. Thomas (Address) 102 S. Catherine St.

15 Filed 1926 . HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) apl 20 1926

17 I HEREBY CERTIFY, That I attended deceased from apl 19 1926 to apl 20 1926. that I last saw h alive on apl 25 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cyanosis

(duration) yrs. mos 1, ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) P Gustav Dill M. D.

4/20 1926 (Address) 109 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL April 21, 1926

20 UNDERTAKER C. W. Dill

ADDRESS 3109 Frederick Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09752

E 09752

CERTIFICATE OF DEATH.

187-007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen Hos St. 19-1 Ward)

2-FULL NAME Edward Davis

(a) RESIDENCE NO. 515 N. Gilmor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
38	—			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) Concrete work

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) N. C.

PARENTS

10 NAME OF FATHER dont Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) " "

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) " "

14 Informant Mrs Hill.

(Address) 515 N. Gilmor st

15 Filed APR 21 1926 19 HAMPSON JONES M. D. Registrar

R 21 1926

RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 192 6

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis (Tertiary) meningo-encephalitis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Amp. L. arm accidental (crushed in concrete mixing machine)

(duration) ... yrs. ... mos. ... ds.

(Signed) E. T. Jennings M. D.

(Coroner)

4-20-26 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial April 21st 1926

20 UNDERTAKER A. Jones ADDRESS 111 S Gilmor st

Spec.—1-12-23—M&T—500 Bks.

E 09753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

77 E 09753

REGISTERED NO.

1-PLACE OF DEATH Balti. City Hospital

CITY OF BALTIMORE: (NO. ..... ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Hunt.

(a) RESIDENCE NO. 1519 Mc Culloh St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hunt

6 DATE OF BIRTH (month, day, and year) April 17 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. Hopper

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertie Wilson

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Edward Hunt (Husband)
(Address) 1519 Mc Culloh St.

15 Filed ..... 19 C. HAMPSON JAMES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4-20 , 19 17, to April 17 , 19 26, that I last saw h.. alive on April 17 , 19 26, and that death occurred, on the date stated above, at 12:00p m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Manic Depressive Insanity

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mary Goldsmith M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cheltenham Cemetery.	April 21 1926
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1722 Eutaw Place

Spec. 7-10-21—M&T—1500 Bks.

187 782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09754

31 E 09754

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Curtis.

(a) RESIDENCE NO. 31 S. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18 1924

7 AGE Years 2 Months Days / If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Will Fulton

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Margaret Curtis

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

Filed R21 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12th 1926. to April 19th 1926. that I last saw h e alive on April 19th 1926, and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculous Meningitis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 31 S. Calvert St.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Spinal puncture

(Signed) Alex J. Schaffer, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

20 UNDERTAKER Samuel Stromberg

DATE OF BURIAL 1926

ADDRESS 318 N. Gilmor

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09755

CERTIFICATE OF DEATH.

161-001

E 09755

1-PLACE OF DEATH St. Joseph's Prop

CITY OF BALTIMORE: (No. Baltimore Md ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth MacConnelly

(a) RESIDENCE NO. 727 E. 21 ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 7 ds. How long in U. S., if of foreign birth? Life yrs. mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— 600

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Joseph Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Edith Segora

13 BIRTHPLACE OF MOTHER (city or town) Chicago (State or country) Ill

14 Informant Thomas Connelly (Address) 727 E 21 St Stt

15 Filed 4-21 1926 H. HAMPSON JONES, M. D. Registrar Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14 . 1926 . to April 21 . 1926 . that I last saw h alive on April 21 . 1926 . and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Cremature birth.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) home

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward L. Jones M. D.

4/21 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 4/22/26

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Av

Spec—12-23-21—E.B.R.S.—400 Bks.

Daiger

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09756 — 47 — E 09756

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 16 West 25th St., 123 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth V. Daiger

(a) Residence No. 16 West 25th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
69 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Matthias A. Daiger

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary R. Hughes

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) J. V. Daiger

(Address) 345 St. Paul St.

15- Filed 21 1926 Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 19th 1926

17- I HEREBY CERTIFY, That I attended deceased from October 15th 1925 to April 19th 1926

that I last saw h.. alive on April 19th 1926

and that death occurred, on the date stated above, at 11.40a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Mammary gland

(Duration) yrs. 6 mos. 19 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagoosis?

(Signed) Geo. H. Elves M. D.

, 19 (Address) 28 W 25th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Green Mount Cemetery	4/22, 19..26

20-UNDERTAKER Henry W. Myers & Son — ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

Stenelle

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1908 92

E 09757

3/ E 09757

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Stinelle

(a) RESIDENCE NO. 937 West Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1924

7 AGE: 2 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Edwin Stenelle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Ivors

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

R21 1926 Pat RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1926

17

I HEREBY CERTIFY, That I attended deceased from April 13th, 1926, to April 19th, 1926, that I last saw h[illegible] alive on April 19th, 1926, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3? mos ..... ds.

CONTRIBUTORY (Secondary) T.B. meningitis

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander McKaffee, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel April 20th 26 | DATE OF BURIAL

20 UNDERTAKER: R L Gross | ADDRESS 1405 McElderry

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09758

CERTIFICATE OF DEATH.

100-001

E 09758

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore, Md. ST. 15-13 (WARD)

2-FULL NAME Hedwig Paetzold

(a) RESIDENCE No. 1627 W. North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gustav A. Paetzold

6 DATE OF BIRTH (month, day, and year) June 9th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65		10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker, 069

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed 2 1 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20- 19 26

17

I HEREBY CERTIFY, That I attended deceased from 4-10-26, 19, to 4-20-, 19 26, that I last saw her alive on 4-20-, 19 26 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Harry Goldsmith M. D.

, 19 (Address) Became City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Apr. 23 19 26

20 UNDERTAKER Robt. T. Turner Suc.

ADDRESS 1442 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09759

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 407 N. Poppleton St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Fisher

(a) Residence No. 407 N. Poppleton St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 hrs Now long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) april 17, 1926

7-AGE. ....yrs. ....mos. ....ds.

If LESS than 1 day. 18 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Henry Fisher

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER. Esther Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Esther Fisher

(Address) 407 N. Poppleton St.

15- Filed 1926 C. HAMPSON JONES, M. D. 192 Per ..... Registrar.

0291

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) april 18, 1926

17- I HEREBY CERTIFY, That I attended deceased from april 17 1926 to april 18 1926

that I last saw h[illegible] alive on april 18 1926

and that death occurred, on the date stated above, at 5.20 P.M.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Maternal syphilis

.....(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam + Autop

(Signed) Frederick D. Snyder M. D

4-20, 1926 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL. ..... 19....
20-UNDERTAKER.	ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09760 E 09760

CERTIFICATE OF DEATH.

REGISTERED NO. 161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 173 r Dorley Ave ST.) (WARD 8-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Ary

(a) RESIDENCE. No. 173 r Dorley Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1 hour

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.: 1 hour

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): 173 r Darley Ave Md

PARENTS

10 NAME OF FATHER: Otto Ary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt

12 MAIDEN NAME OF MOTHER: Blanche Mell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chicago

14 Informant: Otto Ary
(Address)

15 Filed SEP 1 1926 C. HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Sept 20, 1926,

that I last saw her alive on Sept 20, 1926,

and that death occurred, on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage Tentorium

1 hour
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. L. Havens M. D.

19 (Address) 1301 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Dermatology Health

Spec.—1-10-21—M&T—1500 Blks.

E 09761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09761

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen F. M. Harner

(a) RESIDENCE No. 2829 N. Calvert. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew L. Harner

6 DATE OF BIRTH (month, day, and year): July 5. 1859

7 AGE — Years: 66 Months: 9 Days: 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 87

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James W. Harner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1925, to April 19, 1926 that I last saw her alive on April 19 - , 1926, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contributory Uremia (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood chemistry

(Signed) Hebron S. Green, M.D.

, 19 (Address) 2827 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Andrew L. Harner 2829 N. Calvert St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. DATE OF BURIAL: Apr. 22 1926

15 Apr 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

20 UNDERTAKER: John L. Mitchell ADDRESS: 1201 N. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 09762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09762

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 N. Broadway ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Fowler Bell

(a) RESIDENCE NO. 733 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 24, 1841

7 AGE — Years: 84 — Months: 10 — Days: 26 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward J. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jennie W. Bell 733 N. Broadway

15 Filed 2 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926, to Apr 19, 1926,

that I last saw her alive on Apr 19, 1926,

and that death occurred, on the date stated above, at 1215 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs mos d.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) E. C. Hamer M. D.

Apr 20 1926 (Address) 1301 N Eut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount C. | DATE OF BURIAL: Apr 22 1926

20 UNDERTAKER: John A. Mitchell | ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 09763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09763

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W. Franklin St., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O. Burbank

(a) RESIDENCE NO. 822 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonard Burbank

6 DATE OF BIRTH (month, day, and year): March 11 1836

7 AGE: Years 90 Months 1 Days 10 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Esender

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Catherine Laubden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant (Address): Leonard Burbank Jr 1906 Harwick Ave.

15 Filed 2 1 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1926 to April 21 1926.

that I last saw h[illegible] alive on April 14 1926.

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) Gerard O'neill Wyatt M. D.

, 19 (Address) 103 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: April 23 1926

UNDERTAKER: John O. Mitchell

ADDRESS: 120 W. Fayette

Cor.—12-9-25—A Co.—200 Bks.

E 09764

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-801 E 09764

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 822 N. Castle St St. 7-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Tontrup

(a) RESIDENCE NO. 822 N. Castle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Tontrup

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid 070

(b) General nature of industry, business, or establishment in which employed (or employer) Johns Hopkins Hospital

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Svoboda

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Barbara Martinek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Joseph Svoboda

(Address) 822 N. Castle St

Filed 1926 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 18/20 12

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(~~Accidental. Defective Gas Cooking Stove~~)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Suicide J S Waller M D

(duration) yrs. mos. ds.

(Signed) J S Waller M. D.

(Coroner)

19 (Address) 4/21/26 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem Date of Burial Feb 22 1926

20 UNDERTAKER Hunt Eco & Son ADDRESS 1906 Eutaw

Very Important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 09765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09765

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Peddicord

(a) RESIDENCE NO. Preston Valley Rd. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or Divorced, (write the word): Widow

5a ~~If married, widowed, or divorced~~ (or) WIFE of: Charles Peddicord

6 DATE OF BIRTH (month, day, and year): 1846

7 AGE: Years 80 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Terry Mercier

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Rachel Peddicord

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sister Florence

(Address) Preston & Caroline

15 Filed ... 1926 G. HAMPSON JONES, M. D. Registrar

Per ... R.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

that I last saw her alive on April 18 1926,

and that death occurred, on the date stated above, at 1:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ... yrs ... mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Warner M. D.

Apl 20 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: April 22 1926

20 UNDERTAKER: Rita Riedfield

ADDRESS: 914 Greenmount Ave

R2T 1926

Spec.—1-12-23—M&T—500 Bks.

E 09766 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto Gen Hospital REGISTERED NO. 124

CITY OF BALTIMORE: (No. Rayner ave & Dukeland St. WARD) 21-V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Irene E. Holloway

(a) RESIDENCE No. 1126 Scott St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul O. Holloway

6 DATE OF BIRTH (month, day, and year) Oct 23 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James Keys

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lenora Meredith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr. Paul O. Holloway (Address) 1126 Scott Street

15 Filed 1 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1926, to Apr. 20, 1926, that I last saw h alive on Apr. 20, 1926, and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Gall Bladder disease.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Apr. 19 1926

Was there an autopsy? No Removal of Gall Bladder

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber M. D.

4/20, 1926 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Apr. 23 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto

Spec.—1-12-23—M&T—500 Bks.

09767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09767

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1610 N. Milton ave ST., 8-W WARD)

2-FULL NAME Gustine Edlund

(a) RESIDENCE NO. 1610 N. Milton ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (HUSBAND of) or WIFE of Emil Edlund

6 DATE OF BIRTH (month, day, and year) Oct 14 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Carl Soverstron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Emma Vickstrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Emma Edland

(Address) 1610 N. Milton ave

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926 to April 19, 1926

that I last saw h alive on April 17, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Innis M. D.

(Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Com

DATE OF BURIAL 4/22 1926

20 UNDERTAKER J. A. Moran

ADDRESS 300 E. Baltimore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09768

CERTIFICATE OF DEATH.

74-001 E 09768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Eutaw St. 11-2 WARD)

2-FULL NAME Verdie S. Murray

(a) RESIDENCE NO. 731 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos E. Murray

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Major Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Rachel Bannister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Chas. J. Keller

(Address) 222 W. Monument St

15 Filed APR 22 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 18 — , 1926 , to Apr. 19 , 1926

that I last saw h— alive on Apr 18 , 1926

and that death occurred, on the date stated above, at 1245 P. m

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage with hemiplegia

(duration) — yrs. — mos One ds.

CONTRIBUTORY (Secondary) None known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. J. Keller, M. D.

4/19, 1926 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Island Creek Church — DATE OF BURIAL 4/22 1926

20 UNDERTAKER Daniel Easton — ADDRESS 916 Park

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09769

CERTIFICATE OF DEATH.

11-001

E 09769

1-PLACE OF DEATH

City of BALTIMORE: (No. 1722 E. Lanvale St. 8-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie G. Wells

(a) RESIDENCE NO. 1722 E. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31-1875

7 AGE: Years 50 | Months 3 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Daniel W. Wells

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary C. Shields

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Annie Wells

(Address) 1722 E. Lanvale St

Filed PR 2 1926

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2nd 1926, to April 20th, 1926, that I last saw her alive on April 20th, 1926, and that death occurred, on the date stated above, at 6 p m 1926 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia of R. Lung.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wilmer Brinton, M. D.

, 19 (Address) 5 W Cor Calvert & Centre 54

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 4/23 1926

20 UNDERTAKER: Chas P. Raine & Son — ADDRESS 11 W Mt Royal Ave

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V-001

E 09770

E 09770

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 31 Parkside Drive St. 27-13 Ward)

2-FULL NAME Melva Virginia Cole

(a) RESIDENCE NO. 31 Parkside Drive St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 18—1920

7 AGE: Years 5 | Months 6 | Days 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country)

PARENTS

10 NAME OF FATHER John H. Cole

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Mary F. Hartman

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country)

14 Informant: Mary A. Cole

(Address) 31 Parkside Drive

15 Filed ..... 19 .....

APR 22 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to April 19, 1926, that I last saw h.er alive on April 19, 1926, and that death occurred, on the date stated above, at 11.15 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. D. Luerssen, M. D.

4/20/1926 (Address) 3949 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial 4/22 1926

20 UNDERTAKER: Chas. P. Crane & Son ADDRESS 1810 W. Royal Ave

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 1-1926 DEATH

90 E 09771

REGISTERED NO.

City of BALTIMORE: (No. St Josephs Hosp 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhimina Burns

(a) RESIDENCE NO. 34 N. Lemmon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 66 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Isaac Timmins

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER ~~Mrs~~ Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Sup Supt Burns

(Address): 34 N Lemmon

15 Filed 2-2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Primary) Valv dis heart

(duration) yrs. mos. ds.

Contributory (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Jan 2 1926 (Address) 1634 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Jan 23 1926

20 UNDERTAKER: John A Inman ADDRESS 3000 E B

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 09772

CERTIFICATE OF DEATH.

E 09772

REGISTERED NO._____

1-PLACE OF DEATH

Johns Hopkins Hospital

City of BALTIMORE: (No. ~~Mary Dempsey~~ St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dempsey

(a) RESIDENCE NO. 505 E. 27th St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxxx

6 DATE OF BIRTH (month, day, and year) Apr 17/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3 hours			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER Mary Dempsey

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Hospital Records

(Address)

Filed 19 19

Per _____ Registrar

C. HARRISON JONES, M. D. JOHNS HOPKINS HOSPITAL

2 2 1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (6mons gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Gallagher, M. D.

(Coroner)

4/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

very Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09773 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09773

CERTIFICATE OF DEATH.

90v

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital 6-1

CITY OF BALTIMORE: (No. ..... St., ... WARD)

2-FULL NAME Rosalie Herbst

(a) RESIDENCE NO. 19 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Fifty mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23-1844

7 AGE — Years: 82 — Months: — Days: 29 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Herbst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Lepes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E. Baltimore

Filed 2-2 1926 19 Pat. LK Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/31/1926 to 4/21/1926.

that I last saw her alive on 4/21/1926.

and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

~~Acute~~ Acute Endocarditis and myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs & Symptoms

(Signed) Arthur A. Cope M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interment Circle Mt. Carmel

DATE OF BURIAL: 4-22-1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Balto

Spec.- 1-10-21 M&T 1500 Bks.

09774

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 09774

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 76-7 WARD)

2-FULL NAME Granville G. Cox

(a) RESIDENCE NO. Arbutus, Md. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Kate B Cox

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	44 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Elisha Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals (Address) Baltimore

15 APR 22 1926 C. HAMPSON JONES, M.D. Registrar Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 21, 1926, that I last saw him alive on April 21, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Miller, M. D.

4/21/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westen — DATE OF BURIAL Apl 24 1926

20 UNDERTAKER H. M. Cook — ADDRESS 502 E Monument

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09775

CERTIFICATE OF DEATH.

46 E 09775

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Kattie Hubbard

(a) RESIDENCE NO. 5304 Maple Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas R. Hubbard

6 DATE OF BIRTH (month, day, and year) Aug 14, 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John T Tucker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline E Spedden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thos. R Hubbard

(Address) 5304 Maple Ave.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 21, 1926, that I last saw her alive on April 21, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Carcinomata of Body of uterus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Clement R. Bloom M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md. DATE OF BURIAL Apr 22, 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Pratt St

R 22 1926 HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09776

CERTIFICATE OF DEATH.

188-003 E 09776

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp 166 Ward)

2-FULL NAME Oliver Chandler

(a) RESIDENCE NO. 1716 W Lafayette ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 18 1917

7 AGE: Years 8 yrs Months — Days 2 ds IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimd

(State or country)

PARENTS

10 NAME OF FATHER Wm Chandler

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Hastings Wife

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Wm Chandler

(Address) 1716 W Lafayette ave

Filed 4/27 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Coroner, autopsy or inquiry.) and the jury find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compression of skull Accidental (automobile accident.)

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy (Coroner) M. D.

(Address) 802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hawkins Wife Va — Date of Burial: 4 23 1926

20 UNDERTAKER: John H Owens — ADDRESS: 535 Dolphin St

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Pks.

E 09777

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 09777

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3129 Leeds St. 70-2 Ward)

2-FULL NAME Lillian D Trommer

(a) RESIDENCE NO. " " St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 18th 1924

7 AGE: 1 Years | Months 11 | Days 3 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Trommer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Rueb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Amelie Trommer

(Address) 3129 Leed Street

Filed ..... 19 .....

2 27 1926 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21-26 19

17 I HEREBY CERTIFY, That I attended deceased from April 20 19 26 to April 21 19 26

that I last saw her alive on Apr. 21 19 26

and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Ac Bronch. Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy?

What test confirmed diagnosis? Physical findings

(Signed) W. A. Cuell, M. D.

4/7, 1926 (Address) Compton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: April 23 1926

20 UNDERTAKER: C. W. Dill — ADDRESS 3109 Fredk. Ave.

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09778

CERTIFICATE OF DEATH.

37 E 09778

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 Madison Ave (St.) 11-1 (Ward)

2-FULL NAME Ida Williams

(a) RESIDENCE No. 1115 Madison Ave (St.)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Williams

6 DATE OF BIRTH (month, day, and year): Sept 1901

7 AGE: Years 24 Months 8 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nettie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Arthur Williams (Address) 1115 Madison Ave

15 Filed APR 22 1926 C. HAMPTON JONES, M. D. Registrar RL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 19 19 26

17 I HEREBY CERTIFY, That I attended deceased from Apr 5, 1926, to Apr 19, 1926, that I last saw her alive on Apr 18, 1926 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W P Stephen M. D.

19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Apr 22 19 26

UNDERTAKER: Samuel D. Hawley

ADDRESS: 1118 Bdle

Spec.—1-10-21—M&T—1500 Bks.

E 09779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09779

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Jenkins alley WARD 1-1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Walker

(a) RESIDENCE No. 1023 Jenkins alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Dorsey (Address) 1023 Jenkins alley

15 Filed APR 22 1926 19 R. L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 20, 1926, that I last saw h alive on April 20, 1926, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Wittstein M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem

DATE OF BURIAL 4/22 19 26

20 UNDERTAKER Samuel A. Hursley

ADDRESS 5 N Eden

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09780 88 E 09780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital # 6 — REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balt. Md. ST., 9-3 WARD)

2-FULL NAME Charles Peters.

(a) RESIDENCE NO. 936 N. Bradford St. ST., Balt. Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. ds. How long in U. S., if of foreign birth? 25 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Charles Peters

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	83	-	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Watchman
(c) Name of employer S/S. Alabama

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Grace Hafer (Address) 936 N Bradford St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 19, 1926, that I last saw him alive on April 19, 1926, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:
Myocarditis, acute

Unknown (duration) ..... yrs. ..... mos ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
Senility (duration) Unk yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? No —
What test confirmed diagnosis? Physical findings & laboratory tests.

(Signed) J. C. Graves M. D.
4/19, 1926 (Address) U.S. Marine Hospital #6

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetery — DATE OF BURIAL Apr. 22 1926

20 UNDERTAKER Jas C. Fallen & Son — ADDRESS 2334 Jeffer—

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09781 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. 27-290

CITY OF BALTIMORE: (No. 8 West Hayward Ave WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Ewig

(a) RESIDENCE. NO. 8 west Hayward ST. ave WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of John Ewig

6 DATE OF BIRTH (month, day, and year): Sept. 12, 1854.

7 AGE — Years: 71 Months: 7 Days: 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Fowblesburg Md

PARENTS

10 NAME OF FATHER: Ferdinand Austin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Eberbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hampstead Carroll Co Md

14 Informant: John Ewig
(Address): 8 w Hayward ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to April 21, 1926, that I last saw her alive on April 21, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles L Wells M. D.

. 19 (Address) 5242 York Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dear Park cemetery Md

DATE OF BURIAL: April 24 1926

20 UNDERTAKER: J. F. Eline & Son

ADDRESS: Reisterstown Md

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09782

CERTIFICATE OF DEATH.

40 E 09782

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Waldon

(a) RESIDENCE NO. 718 W. Saratoga ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edward Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Hester Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address) Baltimore City Hospitals

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 20, 1926, that I last saw h[illegible] alive on April 20, 1926, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Bilateral Tubo ovarian Abscess
2 Pelvic Peritonitis (Probably Pneumococcus in Origin).

7 weeks (duration) Contributory da.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) ... yrs. ... mos. 4 da.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What [illegible] confirmed diagnosis? Edward Stafford Clark, M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ... 19

20 UNDERTAKER — ADDRESS

FEB 22 1926

UNIVERSITY OF MARYLAND
COMMISSIONER OF HEALTH

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09783

CERTIFICATE OF DEATH.

31 E 09783

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Rader

(a) RESIDENCE NO. 806 E. Pratt st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jerry S. Rader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mollie Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 19 26

17

I HEREBY CERTIFY, That I attended deceased from March 29, 19 26, to April 19, 19 26,

that I last saw him alive on April 19, 19 26,

and that death occurred, on the date stated above, at 8.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. M. Stock, M. D.

4-19-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

THOMPSON JONES M. D. Commissioner Health

Apr 27 1926

Spec.—1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09784

CERTIFICATE OF DEATH.

38 E 09784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 18-3 Ward) 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Brydenbecker

(a) RESIDENCE NO. 10 H S. Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wife

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 56yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Civil Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Alex Brydenbecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Eliz Brydenbecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Y

14 Informant Baltimore City Hospitals Records (Address)

15 Died in C. HAMPSON JONES, M. D. Registrar

APR 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1925, to April 17, 1926, that I last saw h alive on April 17, 1926, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Aneurysm of thoracic and abdominal Aorta

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of liver

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory + autopsy

(Signed) W. Lindsay Kiddy, M. D.

4/21/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

APR 25 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09785

CERTIFICATE OF DEATH.

29 E 09785

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., 20th (WARD)

2-FULL NAME Edward A. Wolfe.

(a) RESIDENCE NO. 2317 Fredrick ave, ST., 20th WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ Male

4 COLOR OR RACE White.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Jan 8-1920

7 AGE Years 6 yrs. Months 3 Days 2 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Boy

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis M. Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Clarissa A Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Louis M. Wolf

(Address) 2317 Fredrick St

15 Filed APR 22 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-20, 19 26, to 4-20, 19 26,

that I last saw h im alive on 4-20-26. m.,

and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Tetanus.

from Splinter in knee (4-15-26).

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Francis F. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery April 24 19 26

DATE OF BURIAL .....

20 UNDERTAKER F. D. Heppert

ADDRESS 1850 W. Baltimore St

THIS is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

E 09786

CERTIFICATE OF DEATH.

E 09786

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1023 Rutland Ave St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A. Shelley

(a) RESIDENCE NO. 1023 Rutland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Shelley

6 DATE OF BIRTH (month, day, and year) Oct 26/1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Transfer Driver

(b) General nature of industry, business, or establishment in which employed (or employer) 23

(c) Name of employer 0

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Shelley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) H

14 Informant Ida V. Shelley

(Address) 1023 Rutland Ave

15 Filed 19 C. HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphixiation while operating a still in closed rooms.

(over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Culler, M. D.

(Coroner)

4/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery Date of Burial April 27 26

20 UNDERTAKER Zinkler & Zinkler ADDRESS 1739 E. Eager St.

4 21 1926 Filed 19 Per R K Registrar

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09787

14-001

E 09787

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1637 N. Fulton Ave St.) 15-13 Ward)

2-FULL NAME Henry J. Wittbauer

(a) RESIDENCE NO. 1637 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Agnes

6 DATE OF BIRTH (month, day, and year) April 24, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 18

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer R. R. Co

9 BIRTHPLACE (city or town)

(State or country) Balto, Md

10 NAME OF FATHER Henry Wittbauer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Henn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant Mrs. Mary Wittbauer

(Address) 1637 N. Fulton Ave

15 Filed C. H. THOMPSON JONES, Registrar

Per K.K.

22 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. J. Hannan M. D.

(Address) 2802 Edmondson Ave

Apr 26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet - April 23, 1926

Date of Burial

20 UNDERTAKER John Ward - 501 E. Monument

ADDRESS

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 09788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-002

E 09788

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2824 Maryland St. Ward) Aug 1923

2-FULL NAME Jane Beck

(a) RESIDENCE NO. 2824 Md Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 11, 1840

7 AGE: Years 85 | Months 6 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Osborn Beck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mr. Daniel Beck

(Address) 2901 Windsor Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

For RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

April 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19th 1926, to April 22nd, 1926, that I last saw her alive on April 21st, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Paralysis of left Side Heart weakness

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Daniel Beck M. D.

, 19 (Address) 2901 Windsor Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — Date of Burial April 24 1926

20 UNDERTAKER: Wm Leon Lee - 501 E Fairmount Ave — ADDRESS

R 2 2 1926

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 99789 DEATH

REGISTRATION E 99789

City of BALTIMORE: (No. 520 E. Chase St. St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Clark

(a) RESIDENCE NO. 520 E. Chase St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabella

6 DATE OF BIRTH (month, day, and year): May 14- 1860

7 AGE: Years 66 | Months 11 | Days 8 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): R. R.

(c) Name of employer: Railroad

9 BIRTHPLACE (city or town): Balto

(State or country)

10 NAME OF FATHER: John Clark

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Fuller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

PARENTS

14 Informant: Miss Bridget

(Address) 237 Ellwood Ave

15 Filed ..... 19 ..... By ..... Registrar

R 4 27 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1926, to April 27th, 1926, that I last saw him alive on April 24th, 1926, and that death occurred, on the date stated above, at 6.6 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul H. A. Meyer, M. D.

4/27 1926 (Address) 1031 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial April 29 1926

20 UNDERTAKER: Wm Cook ADDRESS 522 E. Eutaw

Be sure that every question is answered. See instructions on back of certificates. Very important.

Spec.—1-10-21—M&T—1500 Blks.

Hucht

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09790 129 E 09790

E 09790

CERTIFICATE OF DEATH.

27-12

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 E. Hamilton Avenue ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa G. Hucht

(a) RESIDENCE NO. 43 E. Hamilton Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John B. Hucht

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Geis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Catherine C. Hornick
(Address) 43 E. Hamilton Avenue

15 Filed APR 27 1926 19 C. HAMPSON JONES, M. D. Registrar
Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch. 1, 1926, to Apr 21, 1926
that I last saw h[illegible] alive on April 21, 1926
and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? N.O Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Howard R. Bubert, M. D.

, 19 (Address) Walbert Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 4/24 19 26

20 UNDERTAKER Henry W Mears & Son

ADDRESS 505 N Calvert St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09791

CERTIFICATE OF DEATH.

24-329

E 09791

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew R. Stevens

(a) RESIDENCE No. 1425 Woodall St

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M Stevens

6 DATE OF BIRTH (month, day, and year) Feb 6/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Basket Weaver

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.Md

PARENTS

10 NAME OF FATHER Wm B. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Md

14 Informant Ida M. Stevens (Address) 1425 Woodall St.

15 Filed 2 27 1926 C. HAMPSON JONES, M. D. Registrar Per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus- Struck on nose by board while repairing building in yard, on Apr 13/26 (At Hospital 2 days)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Ralter M. D. (Coroner.)

4/21/26 . 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md Baltimore Cem DATE OF BURIAL April 24 1926

20 UNDERTAKER E Schloman & Son ADDRESS 1039 Hanover

Cor.—1-12-23—M&T—100 Bks.

E 09792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09792

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto.Gen'l.Hospital ST. 14-2 WARD)

REGISTERED NO. 187-007

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JOHN JOSEPH BRICE

(a) RESIDENCE NO. 2010-Linden-Av. ST., WARD Dundalk, Balto.Co.Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? 28 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eulah Brooks Brice

6 DATE OF BIRTH (month, day, and year) August-12-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	8 7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician. 029
(b) General nature of industry, business, or establishment in which employed (or employer) Employed as an Oiler
(c) Name of employer by Union Shipbuilding Co.

9 BIRTHPLACE (city or town) Leicester
(State or country) England

PARENTS

10 NAME OF FATHER Edward Brice

11 BIRTHPLACE OF FATHER (city or town) Leicester
(State or country) England

12 MAIDEN NAME OF MOTHER Maria Gratton

13 BIRTHPLACE OF MOTHER (city or town) Leicester
(State or country) England

14 Informant Mr.Percy R.Brice (brother)
(Address) 2010-Linden-Av., City.

15 Filed 192 C. HAMPSON JONES, M. D.
Registrar
Per

27926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Struck by an iron bar of engine.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Embrich, M. D.
(Coroner.)

April 21, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death 0 yrs., 0 mos., 1 ds. In the State 10 yrs., ? mos., ? ds.

Where was disease contracted, if not at place of death?
Aboard the Tug "Arbutus", Fairfield, Md.

Former or usual residence Dundalk, Maryland.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Diggs, Virginia, DATE OF BURIAL Apr 22 1926.

20 STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09793 E 09793

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Hudson St. ST. 76-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bond.

(a) RESIDENCE No. 3707 Hudson St. ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 21-1903.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	1	29 30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 231

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Bond Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Frances Bricky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Samuel Bond. (Address) 3707 Hudson St.

15 Filed 2 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1925, to April 20, 1926, that I last saw h.. alive on April 20, 1926, and that death occurred, on the date stated above, at 11.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Frances B Tilden, M. D.

4/22, 1926 (Address) 3N. S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL April 23 1926

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St.

THON is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 09794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09794

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH Bon Secours Hospital 3 REGISTERED NO.

CITY OF BALTIMORE: (No. 20 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary J. McKee

(a) RESIDENCE No. 2000 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Asst Supt

(Address)

15 Filed 2 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1925, to April 21, 1926

that I last saw her alive on April 21, 1926,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon (Splenic flex) with metastasis to liver

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Colostomy Date of Dec 26, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lilpop, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cem

DATE OF BURIAL: 4/26/26

20 UNDERTAKER: Geo. A. Tinley

ADDRESS: [illegible]

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09795

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S Durham ST. 23 WARD)

2-FULL NAME Mary Myers

(a) RESIDENCE NO. 605 S Durham ST. 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. — mos. — ds. How long in U. S., if of foreign birth? 74 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Myers

6 DATE OF BIRTH (month, day, and year): Jan 8th 1852

7 AGE — Years: 74 — Months: 3 — Days: 18 — If LESS than 1 day.....hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John Fuchs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Fuchs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Henry Funk

(Address) 701 S Ann St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per ARN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to Apr. 21, 1926,

that I last saw her alive on Apr. 20, 1926

and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas Green, M. D.

(Address) 408 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: April 24 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

TION is very important. See instructions on back of certificates.

2 1926

Spec.—1-10-21—M&T—1500 Bks.

Dr Burke Hudsonview Ellwood

E 09796 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 09796

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338 E. Baltimore ST. 26-3 WARD)

2-FULL NAME Frederick Knoble

(a) RESIDENCE NO. 3338 E. Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Knoble

6 DATE OF BIRTH (month, day, and year) Oct 29. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 07 3

(b) General nature of industry, business, or establishment in which employed (or employer) R. R.

(c) Name of employer B. O. Retired 14 years

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Knoble

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margarethe Ruddiger

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Elizabeth Knoble
(Address) 3338 E. Balto St

15 Filed 2 2 1926 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926 to April 20, 1926.

that I last saw him alive on April 20, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(duration) yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. E. Burke, M. D.

(Address) 3942 Hudson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Church Cemetery; Roxville Md.	Apr. 23 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons, Inc.	1710 Fleet St.

FOR IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09797 HEALTH DEPARTMENT—CITY OF BALTIMORE 09797

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 E Pratt St. 26-5 WARD)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Adam Reifschneider

(a) RESIDENCE NO. 3301 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Reifschneider

6 DATE OF BIRTH (month, day, and year): Dec. 31. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	48	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Brick Wks.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Reifschneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Heckenroeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Agnes Reifschneider

(Address): 3301 E Pratt St

15 MAY 2 1926

C. HAMPSON JONES, M. D.

By OKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1925 to April 21 1926 that I last saw him alive on April 21 1926 and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C.A. Reifschneider, M. D.

4/21 1926 (Address) 2939 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: Apr. 24 1926

20 UNDERTAKER: Henry Sander & Sons Inc.

ADDRESS: 1710 Fleet St

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 09798

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Ellwood Ave. ST. 6-3 WARD)

2-FULL NAME Emma C. Byus

(a) RESIDENCE NO. 107 N. Ellwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley M. Byus.

6 DATE OF BIRTH (month, day, and year) Apr. 3, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Ann Simmons

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Margaret Byus (Address) 107 N. Ellwood Ave.

15 Filed 2 1926, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1926, to Apl. 20th, 1926, that I last saw her alive on Apl. 20th, 1926, and that death occurred, on the date stated above, at 11.15 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct. 5, 1923

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert B. Tirk M. D.

4-22, 1926 (Address) 3126 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Apr. 24. 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St.

Cor.—12-9-25—A Co.—200 Bks.

(Piaskowski)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09799

CERTIFICATE OF DEATH.

89 E 09799

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7245 Bethel St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Piaskowski

(a) RESIDENCE NO. 7245 Bethel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Piaskowski

6 DATE OF BIRTH (month, day, and year) July 10 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator 074

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Valley Coal Co

9 BIRTHPLACE (city or town)

(State or country) Poland Pa

PARENTS

10 NAME OF FATHER Frank Piaskowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Stawicki

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Josephine Piaskowski

(Address) 7245 Bethel

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner)

4 12 1926 (Address) 700 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary cem Date of Burial April 24 1926

20 UNDERTAKER John A Weber ADDRESS 1803 Bank St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 09800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09800

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Hudson Street ST. 26-5 WARD)

2-FULL NAME Frank . Kowalewski

(a) RESIDENCE NO. 3401 Hudson Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 18 1925

7 AGE — Years: — Months: 5 — Days: 3 — If LESS than 1 day, .. hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Stanislaus . Kowalewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary . Raynysz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mr. Stanislaus . Kowalewski, 3401 Hudson Street

15 Filed 2 1926 C. HAMPSON JONES, M. D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/21/26

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 21, 1926, that I last saw h[illegible] alive on April 21, 1926, and that death occurred, on the date stated above, at 2 10 PM m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia (acute)

(duration) ..... yrs. ..... mos 3 ds

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of –

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. J. Sindon, M. D.

, 19 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: April 23 1926

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

E 09801 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Bernard St WARD 27)

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Plowman

(a) RESIDENCE NO. 2905 Bernard St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie V Plowman

6 DATE OF BIRTH (month, day, and year): Apl 1 1858

7 AGE: Years 68 Months Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

088

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 18, 1926, to April 22, 1926.

That I last saw him alive on April 21, 1926.

And that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Grady M. D.

4-22 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Fannie V Plowman 2905 Bernard St

15 2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Apl 24-26

20 UNDERTAKER: Chenoweth & Son

ADDRESS: 617 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09802

CERTIFICATE OF DEATH.

49 E 09802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) Univ Hosp ST. 741 WARD)

2-FULL NAME Anton Stricker

(a) RESIDENCE NO. 1137 Williams St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Stricker

6 DATE OF BIRTH (month, day, and year): Aug 17 1850

7 AGE: Years 75 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Rudolph Stricker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hideman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Univ Hosp Fenwick

15 Filed APR 23 1926. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-16-26 19 to 4-20-26.

that I last saw him alive on 4-20-26,

and that death occurred, on the date stated above, at 7:15 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma rectum with obstruction & fecal impaction (uremia)

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death? Univ Hosp

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Path findings

(Signed) Edwin M. Stein M. D.

19 (Address) Univ Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Co — DATE OF BURIAL: 4-23 1926

20 UNDERTAKER: C. A. B. Hale — ADDRESS: 115 E West St

FOR IMPORTANT INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09803

CERTIFICATE OF DEATH.

21-3 11-601

E 09803

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 W Cross ST., (WARD) 21-3

2-FULL NAME Norma E Schwartz

(a) RESIDENCE NO. 729 W Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Andrew Schwartz

6 DATE OF BIRTH (month, day, and year): May 4, 1862

7 AGE — Years: 65 — Months: 11 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Fleischell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Carolina Stoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Andrew Schwartz (Address) 729 W Cross St

15 Filed APR 23 1926 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 22, 1926, that I last saw h[illegible] alive on April 22, 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary): Paralysis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mitchell M. D.

(Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 4-26 1926

20 UNDERTAKER: James Bigham & Son

ADDRESS: S Paca St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 09804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09804

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 541 (Ward)

2-FULL NAME Robert E. patterson

(a) RESIDENCE No. Levering House ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
57	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Patterson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Batty ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed APR 23 1926 C. HAMPSON JONES, M. D. Registrar
RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1925 to April 20, 1926.

that I last saw him alive on April 20, 1926,

and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. McLane Jr. M. D.

4-21-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western DATE OF BURIAL Apr 23 1926

20 UNDERTAKER Franklin W. Leith ADDRESS 709 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 09805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09805

CERTIFICATE OF DEATH.

161-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 E. Spring Ave ST. 76 WARD) Eutaw

2-FULL NAME Doris M. Bell.

(a) RESIDENCE NO. 26 E. Spring Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 17th 1926

7 AGE: Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. (None)

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edward E. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Rose E. Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Wm. Ed. E. Bell

(Address) 26 E Spring Ave

15 Filed: R 2 3 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22. 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 21, 1926.

That I last saw her alive on April 21, 1926,

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage. (Coma)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Webster M. D., M. D.

, 19 (Address) 703 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Apr. 1926

UNDERTAKER: Howard Bros

ADDRESS: Gorsuch

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09806

CERTIFICATE OF DEATH.

E 09806

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N Carrollton Ave ST. 18-1 WARD)

2-FULL NAME John H. Keim

(a) RESIDENCE No. 512 N. Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~ Married, ~~Widowed, or Divorced,~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie Keim

6 DATE OF BIRTH (month, day, and year): Jan. 18/1860

7 AGE: 65 Years 6 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Market.

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Geo. Keim

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Dora Jones (Geo)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Sophie Keim

(Address) 512 N Carrollton Ave

15 Filed Apr 30 1926, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1926, to Apr 24, 1926, that I last saw him alive on Apr 21, 1926, and that death occurred, on the date stated above, at 10,45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary): Cardiac decompensation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Apr 9/26

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Krug, M. D.

4/27 1926 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dund Rigle Cemetery

DATE OF BURIAL: 4/28 1926

20 UNDERTAKER: Geo. J. Ruth

ADDRESS: 1735 Harford Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09807

CERTIFICATE OF DEATH.

34 E 09807

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. (ST.) 21-3 (WARD)

2-FULL NAME John Mathias Haas Jr.

(a) RESIDENCE NO. 769 Washington Blvd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: June 25

6 DATE OF BIRTH (month, day, and year): July 21, 1925

7 AGE: Years 9 Months Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John M. Haas Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Easter Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): John M Haas Sr 769 Washington Blvd

15 Filed APR 23 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1926, to Apr. 21, 1926,

that I last saw him alive on Apr. 21, 1926,

and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Infectious Arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Lab.

(Signed) John A. Lynch M.D.

, 19 (Address) Maryland Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 4/24/26

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

FILED APR 23 1926

Please do not write above this line. Be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09808

100-001 E 09808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE, (No. Raynor and Dukeland ST., 15 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Solomon

(a) RESIDENCE NO. 2107 Walbrook Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Solomon

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Dora Levin
(Address) 2107 Walbrook Ave.

15 Filed APR 23 1926 C. HAMDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/18, 1926, to 4/22, 1926, that I last saw him alive on 4/22, 1926 and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) R. Farber, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem DATE OF BURIAL 4/23 19 26

20 UNDERTAKER Jack Levis 1439 E Balt St ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 09809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09809

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Sercel · ST. 141 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Dunson

(a) RESIDENCE NO. 623 Sercel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles Dunson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 49 ? Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: George Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Georgana Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Ina Brestel

(Address): 623 Sercel St

15 Filed ..., 19.. C. HAMPSON JONES, M. D. Registrar

APR 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 7, 1926, to Apr 21, 1926, that I last saw h[illegible] alive on ..., 19.. and that death occurred, on the date stated above, at 6-15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Files, M. D.

4/22 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4/24 26

20 UNDERTAKER: Samuel Easton — ADDRESS: 916 Pa Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 09810

CERTIFICATE OF DEATH.

E 09810

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pierce

City of BALTIMORE: (No. 657 Pierce St. 173 Ward)

2-FULL NAME Ellen Scall

(a) RESIDENCE NO. 657 Pierce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Scall

6 DATE OF BIRTH (month, day, and year) not known

7 AGE Years 83 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country) not known

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) not known

14 Informant James Masterson Jr

(Address) 657 Pierce St

15 Filed APR 23 1926 C. HAMPSON JONES, M. D. Registrar

Per R.A.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. mos. ds.

(Signed) Samuel F. Haskins M. D.

(Coroner)

1926 (Address) 325 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Graham Cem Date of Burial 4/23 1926

UNDERTAKER Frank Fenton ADDRESS 916 Park

very important. See instructions on back of certificate.

Spec.—1-10 21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09811

CERTIFICATE OF DEATH.

100-001 E 09811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Linn C. ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lulah Dull

(a) RESIDENCE NO. Fleet + Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863 - Jan. 1

7 AGE: Years 63 yrs. Months 3 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 0.37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed Apr 19 1926 H. HAMPSON JONES, M. D. Registrar

R23 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 21, 1926, that I last saw her alive on April 21, 1926, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General + Laboratory

(Signed) R. Hooper Lovell, M. D.

4-22, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery. DATE OF BURIAL: April 27 1926

20 UNDERTAKER: Robt. F. Turner 9 nee ADDRESS 1472 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09812

CERTIFICATE OF DEATH.

E 09812

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 666 W. Franklin 1-3 Ward)

2-FULL NAME Julia C McCann

(a) RESIDENCE NO. 666 W. Franklin Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: about 78 Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard McCann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Julia Shorb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant J. C. Eby Md.

(Address) 2530 N Charles St

15 Filed ..., 19... C. HAMPSON JONES, M. D., Registrar

APR 23 1926 By ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Intestinal

(duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. 1 ds.

Signed ... (Coroner) M. D.

April 23 1926 Address 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial April 23 1926

20 UNDERTAKER: Henry H. Perkins Sons Co. ADDRESS McCulloh & Orchard Sts

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 09813

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Baltimore ST., (Hosp.) WARD)

2-FULL NAME Benjiman S. Coulbourn

(a) RESIDENCE NO. Seaford ST., WARD Del —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia D. Coulbourn

6 DATE OF BIRTH (month, day, and year) Sept 22-18-62

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 yrs	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Elijah Coulbourn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Elizabeth Lanks

13 BIRTHPLACE OF MOTHER (city or town) Del (State or country)

14 Informant Mrs Virginia Coulbourn

(Address) Seaford Del

15 Filed APR 23 1926 19 Registrar

EDMONDSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-15 1926 to 4-22 1926, that I last saw him alive on 4-22 1926, and that death occurred, on the date stated above, at 9:35 P.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio-Vascular Disease C Decompensation

(duration) Lifetime yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Lifetime

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) W. E. LENNON M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Seaford Cem Del

DATE OF BURIAL Apr 23 1926

20 UNDERTAKER Peltzman & Co

ADDRESS 1723 W Lexington St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 09814

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-00 E 09814

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1023 Rutland Ave St., 7-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis E. Dolan

(a) RESIDENCE NO. 1023 Rutland Ave (201 Ashland Ave Evergreen)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mabel Dolan

6 DATE OF BIRTH (month, day, and year) Aug 25/1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Autohobile
(b) General nature of industry, business, or establishment in which employed (or employer) Mechanic
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Daniel P. Dolan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mollie ~~Bernall~~ Baywalter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant R. L. Benson (Bro- in-law
(Address) 4018 Roland Ave

APR 23 1926 [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphixiation-while operating a still in closed rooms.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. V. Callan M. D.
(Coroner)

4/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
In place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial 4/24 1926

20 UNDERTAKER Wm Cook ADDRESS 602 E Nor

Do not fail to answer every question, so that it may be properly classified. Fill out OF DEATH in plain terms, so that it may be properly classified. Fill out very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 09815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Smith

(a) RESIDENCE NO. 1701 S. Charles ST., WARD Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1, 1925

7 AGE Years ~~months~~ Months 9 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Charles Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Emma O'Disney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba Mid

14 Informant Charles Smith
(Address) 1701 S. Charles

Filed APR 23 1926 19 H. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-7-26 to 4-22-26, 19 26

that I last saw her alive on 4-22-26, 19 26

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia -
Pleurisy with effusion

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Jerald Towell, M.D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 4/26 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E 1/4th

Spec. 12-9-25—A Co.—300 Blks.

E 09816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09816

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 301 South Woody St., 19 Ward)

2-FULL NAME Minnie Weibbrecht

(a) RESIDENCE NO. 301 South Wordyear St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Weibbrecht

6 DATE OF BIRTH (month, day, and year) Aug. 1-1849.

7 AGE: Years 76 | Months 8 | Days 21 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Reuter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Reuter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Rose Weibbrecht

(Address) 301 S. Wordyear St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 22, 1926, that I last saw h.r. alive on April 21, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis? ...

(Signed) J. Wiley Stroy, M. D.

April 23 1926 (Address) 712 Washington Blvd

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: 4/26 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Worth St

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 09817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09817

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2617 E. Monument St St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hunt

(a) RESIDENCE NO. 2617 E. Monument St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary I. Hunt

6 DATE OF BIRTH (month, day, and year) Apr 6/1851

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	75	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Oyster Packer

(b) General nature of industry, business, or establishment in which employed (or employer) At present

(c) Name of employer Clifton Park (City)

9 BIRTHPLACE (city or town)_____

(State or country) New Haven Conn.

PARENTS

10 NAME OF FATHER John L. Hunt

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) New Haven Conn

12 MAIDEN NAME OF MOTHER Rose Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Conn

14 Informant Fannoe M. Blume

(Address) 2017 E. Monument St

15 Filed APR 3 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Found dead in bed)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cull M. D.

(Coroner)

4/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fremont Cemetery Date of Burial 4/24/1926

20 UNDERTAKER William Cook ADDRESS 502 E North

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09818

CERTIFICATE OF DEATH. 27-6

REGISTERED NO. 90 E 09818

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE. (No. 901 Roland Ave Ward)

2-FULL NAME James E. Houser

(a) RESIDENCE NO. 1002 Ridgley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Houser

6 DATE OF BIRTH (month, day, and year): Sept 10. 1853

7 AGE: Years 72 Months 7 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garment Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Self. 03

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER: James Houser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth A Spicer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant: Nannie Houser

(Address) 1002 Ridgley Street

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Houser M. D.

(Coroner)

(Address) 4/22 1926 362 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial 4/23 1926

20 UNDERTAKER: William Cook ADDRESS 532 E Fork

APR 23 1926

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

MAY L. THOMAS

09819

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 09819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dunkley's Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

2-FULL NAME May L. Thomas

(a) RESIDENCE No. Love Point Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luther M. Thomas

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Queen Anne Co (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Council

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Robert H. Eddins

(Address) Centreville, Md R. D.

15 Filed 3 1926 19 C. HARRISON JONES, M. D. Per R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4/17, 19 26, to 4/22, 19 26.

that I last saw h[illegible] alive on 4/22, 19 26

and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Thrombosis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Edema Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Mrs Edna Eddins, M. D.

April 23, 19 26 (Address) Dunkley's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Love Point, Md. DATE OF BURIAL April 23 1926

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Rd

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09820

CERTIFICATE OF DEATH.

44 E 09820

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1323 W Lafayette St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bertha Cruteffen

(a) Residence No. 1323 W Lafayette Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Samuel Cutchey

6-DATE OF BIRTH (month, day and year) Dec-15-1875

7-AGE. 50 51 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home

(b) General nature of Industry, business, or establishment in which employed (or employer). Home

(c) Name of employer.....

9-BIRTHPLACE (city or town). Charleston (State or Country). W. Va.

PARENTS.

10-NAME OF FATHER. Stephen Williams

11-BIRTHPLACE OF FATHER (city or town). Charleston (State or Country).

12-MAIDEN NAME OF MOTHER. Charlotte Montague

13-BIRTHPLACE OF MOTHER (city or town). Va (State or Country).

14- (Informant) Clara Barnes

(Address) 1323 W Lafayette Ave

15- Filed R.2 3 1926 C. HAMPSON JONES, M. D. 192 Per RRK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-21-26

17- I HEREBY CERTIFY, That I attended deceased from 3/26, 1926 to 4/21, 1926 that I last saw h alive on 4/21, 1926 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder & Metastasis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. T. Jackson M. D.

4/23, 1926 (Address) 8 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Catholic Stone Va. DATE OF BURIAL, April 25 1926

20-UNDERTAKER. Robert Williams ADDRESS 615 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09821

CERTIFICATE OF DEATH.

12 E 09821

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 Montford Ave ST.) (6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ray

(a) RESIDENCE NO. 224 Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Ray

6 DATE OF BIRTH (month, day, and year) Unknown 1879

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) VA

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Minnie Ray 224 Montford Ave

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

PR 23 1926 per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Mar 5, 19 26, to Apr 20, 19 26.

that I last saw h[illegible] alive on Apr. 20 19 26.

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. V. Megaw M. D.

4/22/26 (Address) 1508 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon County Apr 25 DATE OF BURIAL 26

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1722 Oakland

ATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09822

CERTIFICATE OF DEATH.

90 E 09822

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 Aisquith St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Glucow

(a) RESIDENCE NO. 109 Aisquith St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. ds.

(If non-resident give city or town and State)

How long in U. S., If of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant I. Goldberg

(Address) 1700 E Baltimore St

15 Filed (19) C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20 1926, to April 23 1926, that I last saw him alive on April 22 1926, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY Bronchitis

(Secondary)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 4/23 1926

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Baltimore St

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09823

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-901 E 09823

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosiptal St. 20-3 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Smith

(a) RESIDENCE NO. Long Ford Shipyard St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE Colored.

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) md

PARENTS

10 NAME OF FATHER Frank Smith

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Essex md

12 MAIDEN NAME OF MOTHER Effie Jacobs

13 BIRTHPLACE OF MOTHER (city or town) Essex.
(State or country) md

14 Informant Frank Smith
(Address) 1827 Madison.

15 Filed APR 23 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 2 1926, to Apr 20 1926,

that I last saw h[illegible] alive on Apr 20 1926

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) ..... yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. S. Bryant M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Apr 23 1926

20 UNDERTAKER Mrs James H. Dennis per T. O. Kelly

ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09824

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 421 E Hamburg ST., 21-3 (WARD)

2-FULL NAME Mary J Gatten

(a) RESIDENCE NO. 421 E Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John E Gatten

6 DATE OF BIRTH (month, day, and year): Nov 29 1862

7 AGE: Years 63 Months 4 Days 22 23 If LESS than 1 day, hrs. or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Maryland

PARENTS

10 NAME OF FATHER: Charles Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Maryland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Miss Bessie Wheeler

(Address) 421 E Hamburg

15 Filed 19 C. HAMPSON JONES, M.D. Registrar

R 23 1926 Per CRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): APRIL 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 19 26, to April 21, 19 26, that I last saw h alive on April 21, 19 26, and that death occurred, on the date stated above, at 10 20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. D. Clumpe M.D.

April 23 19 26 (Address) 1644 Hamm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: April 24 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09825

CERTIFICATE OF DEATH.

8OE 09825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Myrtle Place 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma B. Wearer

(a) RESIDENCE NO. 3512 Myrtle Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 28, 1925

7 AGE Years: 8 Months: Days: 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Marcus Wearer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Eva Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Marcus Wearer

(Address) 3512 Myrtle Place

Filed 1926 C. HARRISON JONES, M. D. Registrar

R 2 3 1926 P [illegible] RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4/19, 1926, to 4/21, 19 26,

that I last saw h[illegible] alive on 4/21, 19 26,

and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Uremia - Nephritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Uremic Convulsions

Nephritis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H. J. Weller, M. D.

4/22 1926 (Address) 832 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Meyers Cem aa Co Md

DATE OF BURIAL: Apr 27 1926

20 UNDERTAKER: John Uelrich

ADDRESS: 2258 Eden

FROM A VERY IMPORTANT SET OF INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—12-9-25—A Co.—200 Bks.

E 09826

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Helse 2757 N North Ave

48 E 09826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1547 N. Gilmor St., 15-13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Monaghan.

(a) RESIDENCE NO. 1547 N. Gilmor St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J Monaghan

6 DATE OF BIRTH (month, day, and year) Mch 22 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer)..... —

(c) Name of employer —

9 BIRTHPLACE (city or town)..... Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)..... Ireland.

(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)..... Ireland.

(State or country)

14 Informant J. V. Monaghan.

(Address) 1547 N Gilmor St

Filed 19 C. HAMPSON JONES, M. D.

R 2 3 1926 Per R.J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from 4- 1924 to 4-22 1926

that I last saw h.. alive on 4-21 1926

and that death occurred, on the date stated above, at 8:45 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Mouth

face 3-

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Forgotten

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) F. K. Crellin, M. D.

4/22/26 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Cathedral Cem 4-26 1926

20 UNDERTAKER — ADDRESS

E. T. Burke 115 E North Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

09827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 Fifth st, (ST.) Fair 25 9 (WARD)

2-FULL NAME Blanch Mills.

(a) RESIDENCE NO. 11 Fifth St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced (or) WIFE of Pumphry Mills

6 DATE OF BIRTH (month, day, and year) Jan. ? 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	43	3	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework, 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Geo. Mason,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Pumphry Mills (Address) 11 5th St

15 Filed ... 19.. C. HARRISON JONES, ... Registrar

R 23 1926 Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1926, to Apr. 22, 1926, that I last saw h[illegible] alive on Apr. 21, 1926 and that death occurred, on the date stated above, at 7 20 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Wm. T. Seabury, M. D.

4-22, 1926 (Address) 636 Fork Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Furnace Branch — DATE OF BURIAL April 24 1926

20 UNDERTAKER L. S. Brown & Son ADDRESS [illegible]

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 09828
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3133 Stafford St. 20-2 (Ward)

2-FULL NAME Mary E Harris

(a) RESIDENCE No. 3163 Stafford St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 11 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John B Harris
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Elizabeth Hudson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Husband) (Address) 3133 Stafford

15 Filed R 23 1926 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to 4/22, 1926,
that I last saw h alive on 4/22, 1926,
and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:-
Cerebral Hemorrhage;
Mitral regurgitation;

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Gastritis
(duration) 6 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Findings
(Signed) Thomas J Wright M. D.
, 19 (Address) 3133 Stafford St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	4/24/26
20 UNDERTAKER	ADDRESS
Forsyth Funeral Home	Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 09829

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09829

CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 7-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Harris

(a) RESIDENCE No. 774 Dover st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

APR 23 1926 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 20, 19 26 to April 21, 19 26, that I last saw him alive on April 21, 19 26, and that death occurred, on the date stated above, at 10.40 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W M McFarlane Jr M. D.

4-22-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4-24-1926

20 UNDERTAKER Dan Earhart 9/6

ADDRESS Clark

Spec.—1-1921—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 09830 — 100-001 E 09830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ... ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clayton Boone

(a) RESIDENCE NO. 809 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 20/926

7 AGE — Years: — Months: 2 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Abe Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucile Shuler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records.

(Address)

15 Filed: 23 1926 — C. [illegible] HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 20th, 1926, to April 22nd, 1926, that I last saw h alive on April 22nd, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Prematurity.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dove Farbon — DATE OF BURIAL: April 23/926

20 UNDERTAKER: M. Allen Lee — ADDRESS: 916 Eutaw

FROM IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—12-9-25—A Co.—200 Bks.

E 09831

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH.

E 09831

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 Warner St. 21-3 Ward)

2-FULL NAME Alice Scott

(a) RESIDENCE NO. 819 Warner St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Wm H Scott

6 DATE OF BIRTH (month, day, and year) unknown 1884

7 AGE: Years 42 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Shutter

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Wm H Scott

(Address) 819 Warner

Filed APR 23 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1925, to April 20, 1926

that I last saw her alive on April 19, 1926

and that death occurred, on the date stated above, at 1.00 A m.

The CAUSE OF DEATH* was as follows:

General Carcinomata

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 1 year ago

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCauley M. D.

4/23 1926 (Address) 1005 Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 4/23/26

20 UNDERTAKER Samuel H Hensley ADDRESS 1528 Mt Auburn

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Martin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09832

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 09832

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 18 W WARD)

2-FULL NAME Margaret Martin.

(a) RESIDENCE NO. Preston & Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1847

7 AGE: Years 79 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Michael Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Margaret ++

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sister Florence

(Address) Preston & Caroline.

Filed APR 23 1926 . 19 . HAMPSON JONES, M. D. Registrar

By R. F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 22 . 19 . to . 19 .

that I last saw her alive on April 21 . 1926,

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Wrenn, M. D.

Apl 22 . 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 4/25 1926

20 UNDERTAKER: Wm. L. Woodfield Jr. C. Vernon Gorsuch

ADDRESS: 501 E 20th St

Spec.—1-10-21—M&T—1500 Blks.

E 09833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 76 - 4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene McSweeney

(a) RESIDENCE No. 4 Plantation St, Worcester, Mass.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years 39 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Bartholomay McSweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records

(Address)

15 3 1926 C. HAMPSON JONES, M. D. Registrar

Per ——

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 20, 1926, that I last saw him alive on April 20, 1926, and that death occurred, on the date stated above, at 10:35 a.m.

The CAUSE OF DEATH* was as follows:

lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) A. Lindsay Miller, M. D.

4/21/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Worcester, Mass. DATE OF BURIAL 4/23 1926

20 UNDERTAKER E. J. Fanning & Son 1938 ADDRESS 2 Lafayette

Spec.—I-10-21—M&T—1500 Bks.

E 09834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09834

CERTIFICATE OF DEATH.

× 160

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Penn St. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren Schaner

(a) RESIDENCE NO. Mt Airy, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7 - 26

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2½		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter M. Schaner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maybell Wagley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant. (Address) University Hospital Nursery

15 Filed 2 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/ 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 20, 1926, to Apr 22, 1926,

that I last saw him alive on Apr. 22, 1926,

and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. / mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. K. Smith, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Apr 24 1926

20 UNDERTAKER E. LeRoy Steffen

ADDRESS 125 N. Howard ave

FROM is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 09835

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09835

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 106 W. Virginia Ave ST.) 27-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie L. Stockton

(a) RESIDENCE NO. 106 W. Virginia Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles P. Stockton

6 DATE OF BIRTH (month, day, and year): Dec. 12th 1888

7 AGE: Years 37 Months 4 Days 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: H. B. Otto.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Wartenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Chas P. Stockton 106 W. Virginia Ave

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6 1926 to April 21 1926

that I last saw her alive on April 21 1926

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Cardiac decompensation

(duration) yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) H. J. Seragan M. D.

19 (Address) 9431 Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cemetery — DATE OF BURIAL: 4/24 1926

20 UNDERTAKER: Chas P. Mauer & Son — ADDRESS: 118 W. Mt. Royal ave

IMPORTANT: See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 09836

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09836

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 12-3 WARD)

2-FULL NAME EUGENE A. KOKLHEPP.

(a) RESIDENCE NO 2746 N. Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) October 24, 1880.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	5	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Book keeper.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Anthony Kohlhepp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Vondran.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

PARENTS

14 Informant Mary Kohlhepp. (sister)
(Address) 2746 N. Calvert St.

15 Filed 3 1926, 192. C. HAMPSON JONES, M. D. Registrar
PBR R.K.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

April 23, 1926 (Address) 1047 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	4/24 1926
20 UNDERTAKER	ADDRESS
Chas. P. Crane & Son	118 W. Mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09837

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 735 Springhill Terrace St., 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Wm. J. Hooper

(a) Residence No. 735 Springhill Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R. Hooper

6-DATE OF BIRTH (month, day and year) April 14-1889

7-AGE. 37 yrs. — mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Asst Supt

(b) General nature of industry, business, or establishment in which employed (or employer). Bond Dept

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Seamon A. Hooper

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Mary E. Murphy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Mrs. Anna R. Hooper

(Address) 735 Springhill Terrace

15- Filed C. HAMPSON JONES, M. D. Registrar.

DEC 23 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 23/26

17- I HEREBY CERTIFY, That I attended deceased from April 9 19 26 to April 23 19 26

that I last saw h[illegible] alive on April 23 19 26

and that death occurred, on the date stated above, at 6:09 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F. O'Connor, M. D.

19 (Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	4/26 19 26

20-UNDERTAKER. Chas. E. Brault & Son ADDRESS 118 W. Lexington St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09838

CERTIFICATE OF DEATH.

E 09838

REGISTERED NO. 74-401

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 W Lombard ST., 19-2 WARD)

2-FULL NAME Olga Thiele

(a) RESIDENCE NO. 1813 W Lombard ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Thiele

6 DATE OF BIRTH (month, day, and year) Mar. 31-1885

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
41	~~11~~	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (at home)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Julius Hahs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Scholl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant James H. Thiele (Address) 1813 W. Lombard St

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 22, 1926, that I last saw h[illegible] alive on 4 22, 1926, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis (Bright's Disease)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Coroner's Surgeon

(Signed) Thos. H. Phillips, M. D.

, 19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Park Cemetery Arizona & Belair Rd

DATE OF BURIAL

20 UNDERTAKER George L. Schwatka

ADDRESS 2101 Belair Ave

Spec.—1-10-21—M&T 1500 Bks.

E 09839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 09839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Tozier.

(a) RESIDENCE NO. Parkton Valley ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Joseph Tozier.

6 DATE OF BIRTH (month, day, and year) Tuckerton 1858.

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rose Norton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence. (Address) Parkton Md.

15 Filed 19 C. HAMPSON JONES, Registrar. Per ... Clerk.

23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from No record, 19 to 19 that I last saw h[illegible] alive on Apl 20, 1926, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Warner, M. D.

Apr 22, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Apr 24-26
20 UNDERTAKER	ADDRESS
John F. Cowan & Son Per W. F. Cowan.	901 Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09840

CERTIFICATE OF DEATH.

74-001 E 09840

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 S. Ann St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Peltz

(a) RESIDENCE NO. 520 S Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Peltz

6 DATE OF BIRTH (month, day, and year): December 1858

7 AGE: Years 68 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Peltz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Victoria Peltz

(Address) 520 S Ann

15 DATE 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

(Signed) James W. Fenton M. D.

(Coroner)

4-24, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial April 24 1926

20 UNDERTAKER: F. H. Ozazewski ADDRESS 1930 Eastern Ave

Spec.—1930—21—M&T—1500 Bks.

1930

19E 09841 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09841

CERTIFICATE OF DEATH. × 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 7-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Tucker

(a) RESIDENCE NO. St Margarets Ind St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apl 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ind — (State or country)

PARENTS

10 NAME OF FATHER Charles Tucker

11 BIRTHPLACE OF FATHER (city or town) Ind — (State or country)

12 MAIDEN NAME OF MOTHER Anna Strasburg

13 BIRTHPLACE OF MOTHER (city or town) Ind (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 3 1926 C. HAMPSON JONES, M. D. Registrar

Per MRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14th 1926. to April 22nd 1926. that I last saw him alive on April 22nd 1926. and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Acute Epiphysitis — septicemia

epiphysitis

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Gonococcus infection.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broad Neck Cem

DATE OF BURIAL 1926

20 UNDERTAKER Ann Arundel Co Md E H B Parker

ADDRESS 92 West

Spec.—1-10-21—M&T—1500 Blks.

E 09842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09842

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2747 Riggs Ave ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard H. Hartleb

(a) RESIDENCE No. 2747 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Hartleb

6 DATE OF BIRTH (month, day, and year) Jan 6-1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
63	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Knabe Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Hartleb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Ley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Nora Hartleb

(Address) 2747 Riggs Ave

3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 8, 1926, to Apr 22, 1926, that I last saw him alive on Apr 21, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 3 yrs — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Sx

(Signed) M Baumanstoad, M. D.

4/24 1926 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL April 24 1926

20 UNDERTAKER Mr & Mrs John H. Deufel & Son

ADDRESS 21 N Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09843

CERTIFICATE OF DEATH.

16 E 09843

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 E North Ave ST. 8-1 WARD)

2-FULL NAME Robert William Green

(a) RESIDENCE NO. 2025 E. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. Gone ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 22 1926

7 AGE: Years | Months | Days: Gone | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 2025 E North Ave Baltimore Md

PARENTS

10 NAME OF FATHER: Elmer Wm Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Clara Steele

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Elmer Green

(Address): 2025 E North Ave.

15 3 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 23 1926

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1924, to April 23, 1926,

that I last saw him alive on April 22, 1926,

and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Atalectasis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Asphyxia Paladen

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Ingram, M. D.

Apl 23 1924 (Address) 2439 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Apr 27 1926

20 UNDERTAKER: W. M. Cook

ADDRESS: 572 Edmondson

FROM BE VERY important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09844

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2947 St. Paul St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Bassett

(a) Residence No. 2947 St Paul St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Cooley Bassett

6-DATE OF BIRTH (month, day and year): May 25 1854

7-AGE: 71 yrs. 10 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: General Passenger Agent B & O R.R. 073

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ohio

PARENTS

10-NAME OF FATHER: Dr. Chas. Bassett

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: Eliza Sawyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

14-(Informant): Mary C. Bassett

(Address) 2947 St Paul St.

15-Filed 3 1926

C. HAMPSON JONES, M. D. Registrar.

By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr 22 1926

17- I HEREBY CERTIFY, That I attended deceased from Mch 20 1926 to Apr 22 1926

that I last saw h living on April 20 1926

and that death occurred, on the date stated above, at 10:45 A m

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

(Duration) 11 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. S. Dorsey M. D.

4/27, 1926 (Address) 720 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Dubuque Iowa

DATE OF BURIAL: Apr. 25 1926

20-UNDERTAKER: John O'Neill

ADDRESS: 120 W. Fayette St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09845

E 09845

CERTIFICATE OF DEATH.

89

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph F. Drexel

(a) RESIDENCE NO. 2136 Brookfield Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Warren Drexel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Louisa Frank

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Emma Drexel
(Address) 2214 Roslyn Ave

15 Dated 2 3 1926 17 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Patient succumbed while resting start on way home

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel S. Fisher, M. D.
(Coroner)

, 1926 (Address) 806 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet

DATE OF BURIAL: April 24 1926

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 09846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09846

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2307 Harlem Ave ST. 16-5 WARD)

2-FULL NAME Lillie A. Nichols

(a) RESIDENCE NO. 2307 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Nichols

6 DATE OF BIRTH (month, day, and year) Mar 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Deposit, Md

PARENTS

10 NAME OF FATHER Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Dorsey (Address) 2307 Harlem ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 8, 1926, to Apr 23, 1926,

that I last saw h[illegible] alive on Apr 22, 1926,

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Interstitial nephritis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? U. Q. E.

(Signed) M. Baumandstark M. D.

4/23, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dorsey Cemetery

DATE OF BURIAL April 26

20 UNDERTAKER [illegible]

ADDRESS 1723 W. Lafayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09847

CERTIFICATE OF DEATH.

+ 100-001

E 09847

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Settle

(a) RESIDENCE NO. Hooks Lane Pikesville St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie A Settle

6 DATE OF BIRTH (month, day, and year): Aug 22 1894

7 AGE — Years: 31 Months: 8 Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

(c) Name of employer: David Langhran

9 BIRTHPLACE (city or town): Balt Co

(State or country)

PARENTS

10 NAME OF FATHER: Edmund J Settle

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Carrie Settle

(Address): Hooks Lane Pikesville Md

Filed 1926 C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Acute Intestinal Intoxication

1 (duration) Week mos. ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

(Signed) Adam J Stucker M. D.

(Coroner)

, 1926 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Cemetery Date of Burial: July 25 1926

20 UNDERTAKER: Settlemyer Bros ADDRESS: 1723 W Lafayette Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 09848 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09848

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Colonial Hosp. REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 15th WARD)

2-FULL NAME Walter Moore

(a) RESIDENCE NO. 1518 N. Stricker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Moore

6 DATE OF BIRTH (month, day, and year) — 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 yrs.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Emily Moore 1518 Stricker St

15 4 1926 C. HAMPSON JONES, M. D. Registrar
By ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-15-26, 19..., to 4-22, 19 26, that I last saw h[illegible] alive on April 22, 19 26 and that death occurred, on the date stated above, at 5:05 A m.

The CAUSE OF DEATH* was as follows:

ac. Rheumatic Fever
ac. myocarditis
chr. & Acute
Endocard[illegible]
(duration) yrs. ... mos 22 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. J. Mohr, M. D.
T.J. MOHR

, 19 (Address) 1122 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL 4-24, 19 26

20 UNDERTAKER John N. Frazier — ADDRESS 1027 Hanover St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09849

CERTIFICATE OF DEATH.

18 E 09849

1-PLACE OF DEATH

REGISTERED NO. 4351

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sherman Scribner.(C)

(a) RESIDENCE NO 1201 Clarkson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	-------	-------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) National Enameling
(c) Name of employer & Stamping Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER James S. Scribner.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Eliza Jackson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant George E. Scribner (C) brother.
(Address) 510 W. Cross st.

Filed 4-1926 C. HAMPSON JONES, M. D.
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis, Acute Meningitis, Infection of right ankle fractured in a fall. Accidental.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

(Signed) Otto M Reinhardt, M. D. (Coroner)
April 23, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
Light & Wells sts. April 1, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL 4/26 1926

20 UNDERTAKER Walter B Spriggs ADDRESS 1300 Hanover st

Spec. — 12-9-25 — A Co. — 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09850

100-001

E 09850

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1117 N Broadway St. 8-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Davez

(a) RESIDENCE NO. 1117 N Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): May 2/25

7 AGE — Years: | Months: 11 | Days: 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Richard Davez

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Belgium

12 MAIDEN NAME OF MOTHER: Mary Slovnik

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bohemia

14 Informant: Richard Davez

(Address): 1117 N Broadway

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

By

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 17, 19 26, to April 22, 19 26, that I last saw him alive on April 22, 19 26, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Lobar)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Davez M. D.

(Address) 1117 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: July 24 1926

20 UNDERTAKER: Frank E Woodson — ADDRESS: 1906 Eastern Ave

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09851

CERTIFICATE OF DEATH.

90 E 09851

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 927 N. Durham St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Pesar

(a) RESIDENCE NO. 927 N Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Pesar

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE — Years: 78 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)?

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Pesar

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant: Mary Pesar

(Address) 927 N Durham St

1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1926, to Apl 22, 1926, that I last saw h in alive on Apl 22, 1926, and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur J. Reynolds M. D.

1926 (Address) 50 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Apl 26 1926

20 UNDERTAKER: Frank E Cook & Son — ADDRESS: 1906 E Monument

very important. See instructions on back of certificates.

4

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09852

E 09852

CERTIFICATE OF DEATH.

(MEITZKER)

1-PLACE OF DEATH University Hosp.

CITY OF BALTIMORE: (No. Baltimore St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Meitzker

(a) RESIDENCE NO. Millersville St., Ward Maryland

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Meitzker (wife)

6 DATE OF BIRTH (month, day, and year) 9-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Benj Meitzker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosie Maignat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Meitzker

(Address) Millersville Md.

15 Filed 2 4 1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-1, 1926, to 4-22, 1926.

that I last saw him alive on 4-22, 1926,

and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Billiary Cirrhosis,

General Anasarca.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) W. E. Lehmann, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Robert Gill's — DATE OF BURIAL 4/27/1926

20 UNDERTAKER H. Stansbury Sykes — ADDRESS 1315 Eutaw St.

ITEM 8 is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09853 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 09853

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 72 S Carrollton av St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Leidner

(a) RESIDENCE. No. 72 S. Carrollton Ave St.. Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marguett Leidner

6 DATE OF BIRTH (month, day, and year) Aug 17-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Telephone Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo H Leidner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Faulwen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Marguett Liedner

(Address) 72 S Carrollton av

15 Filed 2 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to April 22, 1926, that I last saw him alive on April 22, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) T. H. Jones, M. D.

, 19 (Address) 375 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: April 19 26

20 UNDERTAKER: John J Fields

ADDRESS: 1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09854 1403 E 09854

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard W Greene (St.) 512 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Jones

(a) RESIDENCE NO. 2025 Rutter St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur Jones

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia (State or country)

PARENTS

10 NAME OF FATHER Edw. Hahren

11 BIRTHPLACE OF FATHER (city or town) Penn (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Healey

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant University Hospital Record (Address)

15 APR 1926 G. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 23, 1926, that I last saw h alive on April 23, 1926, and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Chorea of Pregnancy

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Myocardial failure with acute dilatation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. T. Knotts M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL April 26 1926

20 UNDERTAKER John Stafford — ADDRESS 1200 W Lombard

TION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 09855 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09855

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 844 W 36 (ST.) 13-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma T Neefier

(a) RESIDENCE NO. 844 W 36 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Harry W Neefier

6 DATE OF BIRTH (month, day, and year): Aug 1 1873

7 AGE: Years 52 Months 8 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF [illegible]: Crosbie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, City

12 MAIDEN NAME OF MOTHER: Catharine Kuhnert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

PARENTS

14 Informant: Harry W Neefier

(Address) 844 W. 36 St

15 Filed 4-24-1926, 19

C. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 9th, 1926, to Apr 21st, 1926, that I last saw her alive on Apr 20th, 1926, and that death occurred, on the date stated above, at 3 55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Arterio-sclerosis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary): Apoplectic Hemiplegia

(duration) yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

4/27/1926 (Address) 846 W 36 St — Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Apl 27 1926

20 UNDERTAKER: P. S. Marshall

ADDRESS: 3529 Fallsway

Spec.—1-10-21—M&T—1500 Bks.

E 09856 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09856

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 Linnard (St.) 16 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret V. Renner

(a) RESIDENCE NO. 722 Linnard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fred K. Earl Renner

6 DATE OF BIRTH (month, day, and year): Feb. 8 1899.

7 AGE: Years 27 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gallo. Md.

PARENTS

10 NAME OF FATHER: John M. Colley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): NY.

14 Informant (Address): Mr. Fred K. Earl Renner 722 Linnard St.

15 2 4 1926 . 19

C. HAMPSON JONES, M. D.

Per NRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 20, 1926.

That I last saw her alive on April 20, 1926

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Submucous Lung, Heart and Brain

(a)

(b) Chronic Pancreas — has been (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Reported Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? about home,

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No

(Signed) Hugh Forsythe, M. D.

, 19 (Address) 422 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Apl 24 1926

20 UNDERTAKER: Wm. Tucker & Sons

ADDRESS: North Ave

FROM IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

E 09857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09857

CERTIFICATE OF DEATH.

Registered No. C.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hyman Park Apartments St., 10 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Smith

(Residence in Baltimore: No. 908 Gilmore St. 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col.

5-Single, Married, Widowed or Divorced (Write the word.): Single

6-DATE OF BIRTH: June (Month) 30 (Day) 1899 (Year)

7-AGE: 27 yrs. 1 mos. 22 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): 810

9-BIRTHPLACE (State or Country): Va

PARENTS

10-NAME OF FATHER: Edward Smith

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Sarah Bond

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Harris

(Address) 908 N Gilmore St.

15-

Filed 4 1926

C. HAMPSON JONES, M. D. (Registrar)

Per

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 22 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound through head

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J Morrissey, M. D. (Coroner)

4/22 1926 (Address) 3632 Roland

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Staunton Va — DATE OF BURIAL: 4/26 26

20-UNDERTAKER: James Euston — ADDRESS: 916 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09858

CERTIFICATE OF DEATH. 74-21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Aiken St. 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John · C. Murphy.

(a) RESIDENCE NO. 2103 · Aiken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eda Margaret Murphy.

6 DATE OF BIRTH (month, day, and year): Jan. 10 1862

7 AGE: Years 64 · Months 3 · Days 11 · If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Potter

(b) General nature of industry, business, or establishment in which employed (or employer): Bennett Pottery.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John · C. Murphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: M. Haverty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. C. Murphy. (Address): 2103 Aiken st

15 Filed 2 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per A.E.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 19 26, to April 21, 19 26,

that I last saw h alive on April 21, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

4/24, 19 26 (Address) 4208 Hampden Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery. DATE OF BURIAL: April 24 1926

20 UNDERTAKER: Geo. J. Roth ADDRESS: 1735 Hanford Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09859

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (ST.) 28 (WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Schlesleth

(a) RESIDENCE NO. Mt Hope Retreat ST. 28 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? Not Known mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Mr Schlesleth

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (?) (State or country) Germany

PARENTS

10 NAME OF FATHER John Bluem

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Schuler (?)

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Germany

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Retreat Md

15 Filed ....., 19 C. HAMPSON JONES, Registrar

Per .....

2-4-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1921, to Apr. 23rd, 1926.

that I last saw her alive on Apr 22nd, 1926

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Val. Disease of Heart Cause

Chr. Arterio Sclerosis

Sudden (duration) or 5 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Senile Psychosis

abt (duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Apr 23rd 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery DATE OF BURIAL: 4/26 1926

20 UNDERTAKER: George J Ruth ADDRESS: 1735 Harford Ave

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09860

CERTIFICATE OF DEATH.

27-11 181-09

E 09860

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 Elmwood Ave (Hamilton) St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Page

(a) RESIDENCE NO. 1 Elmwood Ave (Hamilton) St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emily Page

6 DATE OF BIRTH (month, day, and year) 1/10/ 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Balt. County.

PARENTS

10 NAME OF FATHER John G Page

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt County.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt County.

14 Informant Mrs Emily Page

(Address) 1 Elmwood Ave

4 1926 C. HAMPSON JONES, M. D.

Registrar

Per

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiztion

(See next page)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Catts (Coroner) M. D.

4/23/26 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 4/24 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 09861 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09861

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 Quick Ave. St. 26-2 WARD)

2-FULL NAME Anna M. Hessler

1a) RESIDENCE NO. 26 Quick Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Hessler

6 DATE OF BIRTH (month, day, and year) April 21 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm. Fr. Koch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. George F. Spahn
(Address) 26 Quick Ave

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar
Per R.R.W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 25, 1926, that I last saw her alive on April 25, 1926, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

4/26/26 (Address) 4 York Hampden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Apr. 26 1926

20 UNDERTAKER Henry Storck Son ADDRESS 1301 E. Eager

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09862 ✓

E 09862

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Hosp ST. 10-2 WARD)

2-FULL NAME John. S. Wilkinson

(a) RESIDENCE NO. 832 Hartford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married.

5a If married, widowed or divorced HUSBAND of or) WIFE of Zena Wilkinson.

6 DATE OF BIRTH (month, day, and year) Jan. 4, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman. 06 ✓

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER William S. Wilkinson.

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country) Alamance, Va.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Calvin. S. Wilkinson.
(Address)

15 4 1926 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4.23. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. , 1923, to 4.23.26, 19 .

that I last saw h alive on 4.23.26, 19 .

and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Previous Hemorrhage. (duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Philip B. Fowler, M. D.

4.23.26 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL Apr. 26 19 26

20 UNDERTAKER Henry Heath Son — ADDRESS 1501 E Eager St

Spec.—1-10-24—M&T—1500 Bks.

Runkels

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09863

E 09863

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 18-1 WARD)

REGISTERED NO. 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Runkels Jr

(a) RESIDENCE NO. 214 N Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Butler
(State or country)

PARENTS

10 NAME OF FATHER Oscar Runkels

11 BIRTHPLACE OF FATHER (city or town) Frederick Md.
(State or country) Cambridge

12 MAIDEN NAME OF MOTHER Elizabeth Potter

13 BIRTHPLACE OF MOTHER (city or town) Cambridge Md.
(State or country) Frederick Co

14 Informant Records
(Address)

FILED 2 4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20th, 1926, to April 22nd, 1926, that I last saw h[illegible] alive on April 22nd, 1926, and that death occurred, on the date stated above, at 4 40 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 18 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Thomas W Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL April 24 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

HOW IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Madison ave St. 13-5 WARD)

REGISTERED NO. 164

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah N. Brady

(a) RESIDENCE No. 2424 Madison Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Brady

6 DATE OF BIRTH (month, day, and year): Aug 8-1845

7 AGE — Years: 80 Months: 8 Days: 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: James Printy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margt Sweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Mr. James A. Brady (Address) 2424 N. Calvert St.

15 Filed: 4 1926 Registrar

(C. HAMPSON JONES, M. D.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to April 23, 1926, that I last saw h[illegible] alive on April 22, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Follows

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Edw. Lynch M. D.

1926 (Address) 910 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 4/26 1926

20 UNDERTAKER: F. A. Wanseta[illegible]

ADDRESS: 703 Hamilton

Spec.—1-10-21—M&T—1500 Bks.

E 09865 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 W Lafayette Ave St. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert T. Wright

(a) RESIDENCE NO. 1339 W Lafayette Ave ST., WARD Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): [illegible]-25

7 AGE: Years 1 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Robert Wright Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Olivia Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Father (Address) 1327 W Lafayette Ave

15 Filed APR 24 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 21, 19 26, to Apr 22, 19 26, that I last saw him alive on Apr 22, 19 26, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B T Hatcher M. D.

19 (Address) 1327 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: April 24 19 26

20 UNDERTAKER: Daniel Chase Sons

ADDRESS: 1400 Mosher

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09866

CERTIFICATE OF DEATH.

90 E 09866

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 S. Chester St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Despeaux Jr.

(a) RESIDENCE NO. 307 S. Chester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White.

5 ~~Single,~~ Married, ~~Widowed, or Divorced~~, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Lena Despeaux.

6 DATE OF BIRTH (month, day, and year) March 26-1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bottler.

(b) General nature of Industry, business, or establishment in which employed (or employer): Bottling Plant.

(c) Name of employer: Edward May

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John Despeaux Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Katherine Hoyt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Lena Despeaux

(Address) 307 S. Chester St.

15 Apr 25 1926 16 C. HAMPSON JONES, M. D.

Per RKH

very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to April 22d, 1926,

that I last saw h... alive on Apr. 22nd, 1926,

and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I Hemsley Gerring, M. D.

Apr 25, 1926 (Address) 1400 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery. Date of Burial: April 27 1926

20 UNDERTAKER: Robt. T. Turner Inc. ADDRESS: 1942 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 09867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09867

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Rosyln St. 15-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Wm H Staubery Greer,

(a) RESIDENCE NO. 2209 Roslyn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura J Greer

6 DATE OF BIRTH (month, day, and year) March 4, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant C Hilton Greer

(Address) 2209 Roslyn Ave

Filed 4-24 1926 C. HAMPSON JONES, M. D.

By RKK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr - 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr - 19, 1926, to Apr 22, 1926, that I last saw him alive on Apr - 22, 1926, and that death occurred, on the date stated above, at 8.20 m.

The CAUSE OF DEATH* was as follows:

Apoplexy with Left Side Hemiplegia

(duration) yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

4/23/26 (Address) 2207 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL April 24 1926

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins St

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09868

HEALTH DEPARTMENT—CITY OF BALTIMORE E-09868

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 W Lovers ST. 19-1 WARD)

2-FULL NAME Alice V. Nordlinger

(a) RESIDENCE No. 1401 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Soloman Nordlinger

6 DATE OF BIRTH (month, day, and year): Sept 11, 1860

7 AGE — Years: 65 — Months: 7 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Joseph Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Abonway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Ida Hare 1401 W Saratoga St.

APR 4 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to Apr 23, 1926, that I last saw h alive on Apr 22, 1926, and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation heart —

Gangrene rt. leg —

Pulmonary embolus —

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, hypertension

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Harry Alvey Early, M. D.

4-23 1926 (Address) 87 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: April 26 1926

20 UNDERTAKER: George J. Smith

ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09869

CERTIFICATE OF DEATH.

129

E 09869

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)

2-FULL NAME Horatio F. Brown.

(a) RESIDENCE NO. Arundel Apts. St. Charles & St. Paul Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance. Ofc

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Arthur George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Alricks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Marshall (Address) St Paul Cst

15 Filed . 19 C. HANSON JONES Registrar

R 2 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7 . 1926 . to April 23 . 1926 . that I last saw him alive on April 22 . 1926 . and that death occurred, on the date stated above, at 2 15 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis & hypertension.

(duration) 1 yrs 4 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Roentgenogram

(Signed) Arnold Hanger, M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL April 24, 26

20 UNDERTAKER J. H. Jenkins & Sons Co

ADDRESS Eutaw & Fayette Sts

TION IS very important. See instructions on back of Certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 09870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 09870

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2246 Fleet St., 1-1 Ward)

2-FULL NAME Edward Zgurowski

(a) RESIDENCE NO. 2246 Fleet St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Zgurowski

6 DATE OF BIRTH (month, day, and year): April 16 - 1891

7 AGE: Years 35; Months; Days 15; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Stanislaus Zgurowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: C. Modrak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Anna Zgurowski

(Address): 2246 Fleet St.

C. HARRISON BOND

15 Filed 4 24 1926, 19 ... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/1 1926 to 4/20, 1926, that I last saw h[illegible] alive on 4/20, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Bacteriological

(Signed) Samuel Strahan, M. D.

, 19 (Address) 322 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial April 26 1926

20 UNDERTAKER: J. W. Zgurowski ADDRESS 1930 Eastern Ave

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09871

118 001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 Ensor St., 9-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth L Spence

(a) Residence No. 1311 Ensor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 16 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced ~~Husband~~ of (or) WIFE of: Thomas B Spence

6-DATE OF BIRTH (month, day and year): Nov 6th 1852

7-AGE: 73 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Robert Gamble

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Elizabeth Wardell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md

14-

(Informant): Mrs Florence Guerther

(Address): 1311 Ensor St

15-

Filed 4 1926 C. HAMPSON JONES, M. D. Registrar.

By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr 22, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1926 to Apr 22 1926

that I last saw her alive on Apr 19 1926

and that death occurred, on the date stated above, at 10.50 P.M.

The CAUSE OF DEATH* was as follows:

Incarcerated ventral hernia

(Duration) yrs. mos. 53 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical exam

(Signed) L. M. C Eathen M. D.

Apr 23, 1926 (Address) 1114 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: April 26th 1926

20-UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument St

Spec.—1-10-21—M&T—1500 Bks.

E 09872 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09872

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 Bank ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Ritterpusch

(a) RESIDENCE NO. 2044 Bank ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ritterpusch

6 DATE OF BIRTH (month, day, and year) June 6, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 24 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Ritterpusch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Margaret Ritterpusch (Address) 2044 Bank St

15 APR 24 1926 C. HAMPSON JONES, M. D. Registrar Per ABH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to April 22, 1926, that I last saw him alive on April 22, 1926, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)

(duration) yrs. mos 2 hours ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Rehberger, M. D.

(Address) 1709 Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Apr 26 1926

20 UNDERTAKER Henry Sandel Sons Inc. ADDRESS 1710 Hoed Av

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1909 12 09873 — E 09873

CERTIFICATE OF DEATH.

32 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Langston Pritchett

(a) RESIDENCE No. 1825 E. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Jan 20. 1924

7 AGE — Years: 2 — Months: 3 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John Pritchett.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wingate Md.

12 MAIDEN NAME OF MOTHER Flancie Wingate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wingate Md.

14 Informant: Friends

(Address)

Filed APR 24 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14th, 1926, to April 23rd, 1926, that I last saw h[illegible] alive on April 23rd, 1926, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary): No

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Roger Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wingate Point Md.

DATE OF BURIAL: April 24 1926

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: 1710 ? East St.

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09874

E 09874

CERTIFICATE OF DEATH.

197

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hapgood Park apts St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Jr. Carter

(a) RESIDENCE NO. Hapgood Park apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin Carter

6 DATE OF BIRTH (month, day, and year) ? 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Louis Delaware

PARENTS

10 NAME OF FATHER John W. Courcey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Emma Normond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Delaware

14 Informant Mammie Courcey

(Address) 1925 Etting St.

C. HAMPSON JONES, M. D.

24 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, and (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun Shot Wound through heart Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Mowbray M. D.

(Coroner)

4/24 1926 (Address) 1631 Orleans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lewis Delaware Date of Burial 4/25 1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09875

11-092

E 09875

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 N. Spring St., 9-7 Ward)

2-FULL NAME Ella Anna Garrison

(a) RESIDENCE NO. 1520 N. Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 2 - 1904.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waitress

(b) General nature of Industry, business, or establishment in which employed (or employer) Tea-room.

(c) Name of employer Miss Webster.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Edwin Garrison

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa Kucera

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Theresa. ~~Ella~~ Kammer.

(Address) 1520 N. Spring St.

15 Filed ..... 19 .....

Registrar

4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from 4-12- 1926, to April 23-, 1926;

that I last saw her alive on April 23-, 1926,

and that death occurred, on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumococcic meningitis

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs.

(Signed) Chester Riland, M. D.

4-23-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Feb 27 1926

20 UNDERTAKER Frank Ewing & Son ADDRESS 1906 Eutaw St.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09876 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09876

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ ST., 1-3 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Sterkowicz

(a) RESIDENCE NO. 2735 S Dillon ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie

6 DATE OF BIRTH (month, day, and year): 12/6/80

7 AGE: Years 45 Months 6 Days 15 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Odr

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Pete Sterkowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Tekla Sterkowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Baltimore City Hospital Records

(Address)

15 Filed APR 24 1926 C. HAMPSON JONES, Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to April 21, 1926, that I last saw him alive on April 21, 1926, and that death occurred, on the date stated above, at 9:45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

Myocardial failure - 1 month ?

(duration) ? yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct

(duration) ____ yrs. ____ mos 3 hrs

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H Lindsay Miller M. D.

4/22/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: April 26 1926

20 UNDERTAKER: Stephen J Siallowski — ADDRESS: Glenwood Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10 21 M&T 1500 Blks.

E 09877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 141 WARD)

REGISTERED NO. 10001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Pitts

(a) RESIDENCE NO. 1718 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Baltimore City Hospitals Records

15 Filed APR 24 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to April 22 1926, that I last saw him alive on April 22, 1926, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 14 (History) ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Wilkes, M. D.

4/23/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

APR 24 1926

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 09878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09878

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals 461

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Whitfield Johnson

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1896

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed 4 24 1926 C. HAMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23 19 26

17 I HEREBY CERTIFY, That I attended deceased from 12-12- , 19 25 to 4-23- , 19 26 ,

that I last saw h. in alive on 4-22- , 19 26

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Serological findings.

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

4/23/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL. 19

20 UNDERTAKER

ADDRESS

FROM IN VERY important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND.

Spec.—1-10-21 M&T 1500 Bks.

E 09879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09879

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST.) WARD)

REGISTERED NO. 20-2-84

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward M. Seidel Jr.

(a) RESIDENCE NO. 3153 Frederick AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 24 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44 yr.	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 05

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edw. M. Seidel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Seidel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Baltimore City Hospitals Records (Address)

15 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 23, 1926, that I last saw him alive on April 23, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Multiple sclerosis

(duration) 6 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (acute)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Willis, M. D.

4/23/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Apl. 26, 1926

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. Madison

TION is very important. See instructions on back of certificate.

MACK

E 09880 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09880

CERTIFICATE OF DEATH. 188-003

1-PLACE OF DEATH Registered No. C

City of BALTIMORE: (No. Sarah ann St., 1 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Mack

(Residence in Baltimore: No. 727 Sarah Ann St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE. Col

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.)

6-DATE OF BIRTH. July (Month) 19 (Day) 1923 (Year)

7-AGE. 3 yrs. 7 mos. 2 ds. If LESS than 1 day, hrs. or. mln.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. Alpheus Mack

11-BIRTHPLACE OF FATHER. (State or Country). West Va.

12-MAIDEN NAME OF MOTHER. Ona McCullough

13-BIRTHPLACE OF MOTHER. (State or Country). Southern Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. Husband

(Address) Immaterial

15- Filed 4 1926

C. HAMPSON JONES, M. D.

192 Per Mrs. Husband

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. 4 (Month) 1 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

Automobile accident

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hamilton (Coroner) M. D.

192 6 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Lebanon DATE OF BURIAL. Tuesday 4 1926

20-UNDERTAKER. Cantan ADDRESS 916 Pennsylvania Ave

IF VERY important see instructions on back of certificate.

Baker

Spec.—1-10-21—M&T—1500 Bks.

E 09881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 09881
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 7 Lancaster ST. 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Baker

(a) RESIDENCE NO. 160 7 Lancaster ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ema Baker

6 DATE OF BIRTH (month, day, and year): 4/15/1876

7 AGE — Years: 50 — Months: — Days: 7 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Packing house

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Harry Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Agnes Drahmowsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Ema Baker
(Address): 160 7 Lancaster

15 Filed: MAR 25 1926 — C. HAMPSON JONES, M. D. Registrar — RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/22 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3/12, 1926, to 4/22, 1926, that I last saw him alive on 4/21, 1926, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

(Primary) Carcinomatosis

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Cellulitis & Heart failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Month of March 1926

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Jay A Ambrose, M. D.

4/22 1926 (Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: 4/26 1926

UNDERTAKER: William Fiaschowski — ADDRESS: 1618 Eastern

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Jonas Hollander

E 09882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4/29

E 09882

1-PLACE OF DEATH West Baltimore Emerg Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wayne and Dukeland ST.) (17 WARD)

2-FULL NAME Jonas Hollander

(a) RESIDENCE NO. 3247 Woodland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frida Hollander

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) L. Lewis 1439 E. Balto. St.

Filed APR 25 1926 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/23, 1926, to 4/23, 1926, that I last saw him alive on 4/23, 1926, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Lewis, M. D.

, 19 (Address) 1439 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hebron Rosedale — DATE OF BURIAL 4-28 1926

20 UNDERTAKER Jacot Lewis, 1439 E. Balto — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09883

CERTIFICATE OF DEATH.

74-001.

E 09883

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE—No. Russell St. N. of Wilkens ST. 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Monroe

(a) RESIDENCE No. Russell St. N. of Wilkens ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E. Monroe

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 50; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer): Pub Schools

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edward Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Susan E. Monroe

(Address): Same

15 Filed 4 25 1926 19

C. HAMPSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23- 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-22-, 1926, to 4/23-, 1926

that I last saw her alive on 4/23-, 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dorsey, M. D.

, 19 (Address) 1 W Mt Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL 4/24 1926

20 UNDERTAKER: Samuel T. Hemsley

ADDRESS 578 N Eutaw

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09884 1/12 E 09884

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 2471 Druid Hill Ave St., 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Peters.

(a) RESIDENCE NO. 2471 Druid Hill Ave Ward 25th

(Usual place of above) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 41; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Giles

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Rooker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Florence Peters

(Address) 2471 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

R 25 JUL 1926 THOMPSON JONES, M. D. RJK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 23 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Indigestion

Contributory Exhaustion

Duration ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

Duration ..... yrs. ..... mos. 1 ds.

(Signed) J. C. Healy (Coroner) M. D.

(Address) 143 N Bway

Apr 24 1926

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: April 25 1926

20 UNDERTAKER: Dan'l Easton — ADDRESS: Balto

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

1917 3
E 09885

HEALTH DEPARTMENT—CITY OF BALTIMORE E 09885

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 17-3 WARD)

2-FULL NAME Boller Johnson

(a) RESIDENCE NO. 208 E 23rd St ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: Years 71 yrs. Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va —

12 MAIDEN NAME OF MOTHER Lucinda —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va —

14 Informant (Address): Records —

15 Filed . . . . , 19 . . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to April 23 1926, that I last saw him alive on April 23, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bachune

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) E Carter Andrus, M. D.

, 19 (Address) St Hospital —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: April 25 1926

20 UNDERTAKER: Hamilton Easton

ADDRESS: 916 Park

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09886

E 09886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 533 N. Vincent (St.) 14-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hardy

(a) RESIDENCE NO. 533 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hardy

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alfred Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Wells.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jennie Johnson 529 Vincent St

15 Filed APR 25 1926 19 Registrar H. THOMPSON JONES, M. D. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23 1926.

17 I HEREBY CERTIFY, That I attended deceased from 3-20-26, 19 to 4-23-26, 19

that I last saw h[illegible] alive on 4/, 19

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows: Cancer of the Rectum

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Contrast Hardening Arteries

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Landes M. D.

19 (Address) 1524 N. Wolfe ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 4/26/26

20 UNDERTAKER Jane Gaston ADDRESS 916 Park

TION is very important. See Instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

Schmuse.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09887

CERTIFICATE OF DEATH. 3 3 | E 09887

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 10 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Schmuse

(a) RESIDENCE NO. 817 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Bernard Schmuse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Catherine Stimmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed APR 25 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925, to April 24, 1926, that I last saw him alive on April 24, 1926, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. H. Yoe, M. D.

4/27, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Geo Rieble Cem | DATE OF BURIAL 4/27 1926

20 UNDERTAKER Geo Knell & Son | ADDRESS 917 Wash. Boulevard

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09888

CERTIFICATE OF DEATH.

90 E 09888

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Valley ST. 10-2 WARD)

2-FULL NAME Juliana Mooney

(a) RESIDENCE NO. 1038 Valley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 69

(b) General nature of industry, business, or establishment in which employed (or employer) Dress Maker

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John Mooney

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Alice Mooney

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

14 Informant Mr. Wm. Long
(Address) 1038 Valley St.

15 Filed APR 25 1926 C. HAMPSON JONES, M. D. Registrar
By ... Clk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1924, to April 23 1926.
that I last saw h-e alive on April 22 1926
and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James N. Hanton, M. D.

4-27, 1926 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent Cemetery	April 26-26

20 UNDERTAKER Edmund W Conklin ADDRESS 924 E Eager St.

THIS IS VERY IMPORTANT. BE SURE TO FOLLOW THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09889

CERTIFICATE OF DEATH.

118-002 E 09889

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No.) Madison & Linden ST. 24-1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Gordon Smith

(a) RESIDENCE NO. 1324 Webster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Febr. 6, 1925

7 AGE — Years: 1 — Months: 2 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: Carroll Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Md

12 MAIDEN NAME OF MOTHER: Lucretia Delashmutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant: Father (Address): 1324 W. Baltimore St.

15 Filed: APR 25 1926 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1926, to Apr. 24, 1926, that I last saw him alive on Apr. 24, 1926, and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH* was as follows:

Toxemia. over

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Intussusception

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Apr. 21, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright M. D.

(Address) Maryland Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: April 26 1926

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E. Fort Ave

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 09890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 09890

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1309 Harlem Ave St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Holt

(a) RESIDENCE NO. 1309 Harlem Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Holt

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1855

7 AGE	Years	Months	Days	IF LESS than 1 dny.....hrs. or.....min.
	71	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co

(State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country) unknown

14 Informant Julia Redd

(Address) 716 Brune St

15 Filed ..... 19 C. HAMILTON JONES, M. D.

Registrar

APR 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 6th 1926, to April 22, 1926, that I last saw he alive on April 21st, 1926, and that death occurred, on the date stated above, at 4:55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Gastritis

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) General Exposure and Age (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Gold Dale M. D.

, 19 (Address) 4266 23 St Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Pleasant Rest Cemetery April 25 1926.

20 UNDERTAKER — ADDRESS

Mrs. Katie R. Williams 1 Schroeder St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09891

CERTIFICATE OF DEATH.

49

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (N) Cambridge Apartments 12-1 WARD)

2-FULL NAME Millard F. Burgess

(a) RESIDENCE NO. Cambridge Apartments ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Molly Anderson Burgess

6 DATE OF BIRTH (month, day, and year) Aug 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
69	70	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Stephen Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Molly Burgess (Address) Cambridge Apartments

15 Filed APR 25 1926 C. HARRISON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926.

17 I HEREBY CERTIFY, That I attended deceased, from February 27th, 1926, to April 24th, 1926, that I last saw h[illegible] alive on April 24th, 1926, and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate with metastasis to lungs.

(duration) — yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar D. Perkins M. D.

, 19 (Address) 1 West Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem. DATE OF BURIAL April 26. 1926.

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09892

CERTIFICATE OF DEATH.

E 09892

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2717 (Street) Parkwood Ave (WARD) 43

2-FULL NAME Benjamin Weldon Norris

(a) RESIDENCE NO. 2717 Parkwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 24 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Savings Bank of Balto

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER John H. Norris

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Ford

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mr. D. Ellsworth Norris

(Address) 2916 Auchentoroly Ter.

15 Filed APR 25 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1925 to Apr. 24 1926, that I last saw him alive on Apr. 23 1926, and that death occurred, on the date stated above, at 10.20 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) One yrs. mos ds.

CONTRIBUTORY (Secondary) Nursing & Neurasthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

4/25 1926 (Address) 1605 N. Mt. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Apr 27 1926

20 UNDERTAKER W. J. Fleckenstein Sons ADDRESS North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09893

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 Longwood ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Sumwalt

(a) RESIDENCE No. 517 Longwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Sumwalt

6 DATE OF BIRTH (month, day, and year): Sept. 8, 1837

7 AGE — Years: 88 Months: 7 Days: 15 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Haughs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Rachael Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr. Clarence Reeder

(Address) 331 Dolphin St.

15 Filed APR 25 1926 19 W. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to April 23, 1926, that I last saw h[illegible] alive on April 23, 1926, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) generalized arterio sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W Winkel, M. D.

(Address) 401 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Apl. 26 1926

20 UNDERTAKER: Wm Pickner Sons ADDRESS: North & Pa

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09894

CERTIFICATE OF DEATH.

45

REGISTERED NO. E 09894

1-PLACE OF DEATH

City of BALTIMORE: (No. Md General Hospital (Street and Ward) 22-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Asher Boggs Jr.

(a) RESIDENCE NO. 3905 Hawthorn Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie L. Boggs

6 DATE OF BIRTH (month, day, and year): March 18-1848

7 AGE: Years 78; Months 1; Days 2; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Paper Hanging

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Boggs

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Rosella Graham

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland.

14 Informant: Alexander G. Boggs Jr.

(Address): 3905 Hawthorn Rd

Filed APR 25 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Apr 22 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(Duration) Instantaneous yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction (Duration) yrs. mos. ds.

(Signed) G. C. Hayes M. D.

(Coroner)

Apr 24 26 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Apr 26 1926

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 1 E. Baltimore

IF DEATH IS FROM VIOLENCE, STATE MEANS AND NATURE OF INJURY. This information is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09895

CERTIFICATE OF DEATH.

90 E 09895

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Whyble

(a) RESIDENCE NO. 2470 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1830

7 AGE: Years 76 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Baltimore City Hospitals Records

R 2-6 1926

C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to April 24, 1926, that I last saw her alive on April 24, 1926, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller, M. D.

4/25/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: April 27 1926

20 UNDERTAKER: W. M. Cook

ADDRESS: 3020 North Ave

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Dr Fleming – 2009 Holliday

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09896

CERTIFICATE OF DEATH.

129 E 09896

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 West Mulberry 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Garrison

(a) RESIDENCE NO. 1311 West Mulberry Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Celia

6 DATE OF BIRTH (month, day, and year): Dec. 14th 1848

7 AGE — Years: 77 — Months: 4 — Days: 23 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Self. 03

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Louis Garrison

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Mrs. Celia Alexander

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: John Harden

(Address)

15 Filed: APR 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 – 1926, to April 23, 1926

that I last saw h[illegible]live on April 23, 1926,

and that death occurred, on the date stated above, at 1-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A. Keller Herring M. D.

4/26, 1926 (Address) 2005 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Greenmount April 26 1926

20 UNDERTAKER: H. C. Poe ADDRESS: 502 E. Mt. St.

Fill in all blanks, if none, write none. See instructions on back of certificate. Very important.

Spec.—12-9-25—A Co.—200 Bks.

E 09897

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

CERTIFICATE OF DEATH.

REGISTERED No. E 09897

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I-PLACE OF DEATH

City of BALTIMORE: (No. 1737 N. Bond St. 8-2 Ward)

2-FULL NAME Herman G. Laibles

(a) **RESIDENCE NO.** 1737 N Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 3 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth

6 DATE OF BIRTH (month, day, and year) Jan 19, 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	67	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Toland & Sons

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Laible

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Kahn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Elizabeth Laible

(Address) 1737 N. Bond St.

15 Filed ..... 19 ..... Registrar

R 2 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Apr. 22, 1926

that I last saw him alive on April 21, 1926

and that death occurred, on the date stated above, at 8:30 P.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Blood examination

(Signed) Seaman Lang M. D.

April 23 1926 (Address) 2718 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — Date of Burial 4-26 1926

20 UNDERTAKER Edw. Lewald - Sons — ADDRESS Edmondson Ave

CAMERON JONES, M. D.

R K

Registrar

Of DEATH in plain words, giving the full name of disease causing death, not modes of dying, such as heart failure, asthenia, etc. Be very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 09898

CERTIFICATE OF DEATH.

101-001

E 09898

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-9 Ward)

2-FULL NAME Lewis Rinehart

(a) RESIDENCE NO. 1732 Braddish Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Rinehart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice McGraw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry Rinehart

(Address) Kate & Harford Co Md.

APR 26 1926 Filed

THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 16 1926, to April 23 1926, that I last saw h[illegible] alive on April 23 1926, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Toxemia Septicemia Pneumococcus Type IV

Some (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam Lab findings

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Apr 26 1926

20 UNDERTAKER W. M. Cook

ADDRESS 502 E Madison

CAUSE OF DEATH. See instructions on back of certificates.

TION is very important.

Spec.—12-9-25—A Co.—200 Bks.

Dr Ruckard 3201 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09899

CERTIFICATE OF DEATH.

129 E 09899

1-PLACE OF DEATH

City of BALTIMORE: (No. 3200 N. Calvert St. 12-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Miller

(a) RESIDENCE NO. 3200 N Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ester Miller

6 DATE OF BIRTH (month, day, and year): March 17, 1844

7 AGE: Years 82 | Months 84 | Days 1 | 1 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cattle Dealer, Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: Self

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: John Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Samuel A. Miller

(Address): 3200 N Calvert St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to April 24, 1926

that I last saw him alive on April 23, 1926

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

4-28, 1926 (Address) 3200 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial: Apr 27 1926

20 UNDERTAKER: Wm Cook ADDRESS: 502 E North Ave

OF DEATH to be made out, as near as may be, in every case. Items very important. See instructions on back of certificates.

APR 28 1926 HEALTH DEPARTMENT

Spec.—12-9-25—A Co.—200 Bks.

Dr H C Hyde 1100 E Fayette 24-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09900

CERTIFICATE OF DEATH.

E 09900

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2001 Kennedy Ave St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clementine Abbott

(a) RESIDENCE NO. 2001 Kennedy Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George A Abbott

6 DATE OF BIRTH (month, day, and year): Oct 3. 1842

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: John J Burnecker

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Roelker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: George A Abbott

(Address): Hopkins Hosp

15 Filed APR 26 1926, 19

C. HAMPSON JONES, M. D.

Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 19, 1926, to Apr 24, 1926, that I last saw h.... alive on Apr 24, 1926, and that death occurred, on the date stated above, at 6 00 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Right side hemiplegia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry C Hyde, M. D.

4/25 1926 (Address) 1100 E Fayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet, Frederick, Md Date of Burial Apr 27 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

OF DEATH in plain terms, so that it may be easily understood. very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Dr Knapp 1216 E Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 09901

CERTIFICATE OF DEATH.

E 09901

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1432 Ausgusta St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A Ewalt

(a) RESIDENCE NO. 1432 Ausgusta St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Ewalt

6 DATE OF BIRTH (month, day, and year): Sept 29, 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	81	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto (State or country): Md

PARENTS

10 NAME OF FATHER: Philip Ewalt

11 BIRTHPLACE OF FATHER (city or town): (State or country) Germany

12 MAIDEN NAME OF MOTHER: Whitmore

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Germany

14 Informant: Minnie Louisbury (Address) 1432 Ausgusta St

15 Filed: 19 Registrar

APR 26 1926

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1924, to April 25, 1926, that I last saw him alive on April 25, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Knapp, M. D.

Apr 26 1926 (Address) 1216 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Date of Burial: April 28 1926

20 UNDERTAKER: W. Cook ADDRESS: 522 E Monument

IF DEATH is plain terms, so that it may be properly very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09902 — 129 09902

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4905 York Road ST. 27-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca A. Merryman

(a) RESIDENCE NO. 4905 York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Merryman

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1845.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Marsh

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Ruhl

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Md.

14 Informant Mrs. Elizabeth Eckman (Address) 4905 York Road

15 Filed ..., 19... C. HARRISON JONES, M. D. Registrar

R 2 6 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1923, to April 22, 1926, that I last saw her alive on April 22, 1926, and that death occurred, on the date stated above, at 1. 0. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Bright's Disease

(duration) 2 yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Chas. E. Gaulane, M. D.

, 19 (Address) Towson, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery, Reisterstown — DATE OF BURIAL: 4/26/1926

UNDERTAKER: Henry M. Mears & Son — ADDRESS: 805 N. Calvert St.

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

09903

CERTIFICATE OF DEATH.

91-802 E 09903

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 Dolphin St. 11-1 Ward)

2-FULL NAME Lucy G. Atlee

(a) RESIDENCE NO. 307 Dolphin St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Atlee

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. Samuel T. Knight

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Moore

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.

(State or country) Maryland

14 Informant Mrs. Lucy A. Porter

(Address) 1601 Eutaw Place

Filed APR 26 1926, 19____ C. HAMPSON JONES, M. D.

Per. K K Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 23 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) C. C. Wades M. D.

(Coroner)

Apr. 24/26 (Address) 1436 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 4/26 19 26

20 UNDERTAKER Henry W. Mears & Son ADDRESS 803 N. Calvert

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09904

CERTIFICATE OF DEATH.

E 09904
1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1437 Boyle ST. 041 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rowe.

(a) RESIDENCE. No. 1437 Boyle. ST.. WARD. Cumberland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Chas. C. Rowe.

6 DATE OF BIRTH (month, day, and year) May 14. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bloomington. (State or country) Md.

PARENTS

10 NAME OF FATHER ? Elliott.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Eliza Hudson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rawlings Md

14 Informant Mrs. Rowe
(Address) 1437 Boyle.

15 Filed ..... 19 ..... O. HAMPSON JONES, M. D. Registrar
APR 26 1926 BY R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1926, to Apr. 23, 1926, that I last saw her alive on Apr. 22, 1926, and that death occurred, on the date stated above, at 7 = A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Wm. T. Seabrey, M. D.

4-24, 1926 (Address) 636 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	April 26 1926
20 UNDERTAKER Chas. L. Groves	ADDRESS 1531 E Fort Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09905

CERTIFICATE OF DEATH.

E 09905

1-PLACE OF DEATH

City of BALTIMORE: (No. 3676 Fall Road St., 13-3 Ward)

Registered No. 74001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Barbara Kelly

(a) Residence No. 3676 Falls Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eli S Kelley

6-DATE OF BIRTH (month, day and year) Feb 11 1870

7-AGE. 56 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Co.

PARENTS.

10-NAME OF FATHER Albert Bradford

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Lydia Doug

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Co

14-Informant Mrs. Kelley

(Address) 3676 Falls Road

15-Filed APR 26 1926 C. HAMPSON JONES, M. D. Registrar.

For

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 25-26

17-I HEREBY CERTIFY, That I attended deceased from Dec 12 25, to April 25 26

that I last saw h[illegible] alive on April 25 1926

and that death occurred, on the date stated above, at 1.35 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Pneumonia + Respiratory

Paralysis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. 4 mos. 14 ds

18-Where was disease contracted if not at place of death? 3676 Falls Road

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Emma J Pauly M. D.

4/25, 1926 (Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Apr 27, 1926

20-UNDERTAKER, ADDRESS. D S Marshall 3539 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 09906 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

+ 179 E 09906

CERTIFICATE OF DEATH. 25-2

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Swindell

(a) RESIDENCE NO. Wardour, Annapolis, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs Cora Swindell

6 DATE OF BIRTH (month, day, and year) Dec 25-d 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55-	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Co. 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo Swindell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mrs. Cora Swindell Annapolis Md.

15 Filed APR 26 1926 HAMPSON JONES, M. D. Registrar

By K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-20, 1926, to 4-23, 1926, that I last saw h alive on 4-23, 1926, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Endocarditis
Cardiac Hypertrophy
Chr. Nephritis (duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Coronary Embolism (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clin findings

(Signed) Jerrold Howell M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL April 26 1926

20 UNDERTAKER Henry St Jenkins Sons Co

ADDRESS McCulloh & Eutaw St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Rosa Brocato

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09907

CERTIFICATE OF DEATH.

192 7

REGISTERED NO. E 09907

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 1713 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Brocato

(a) RESIDENCE NO. 412 N Greene St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Brocato

6 DATE OF BIRTH (month, day, and year): Aug 15 1893

7 AGE — Years: 60 — Months: 5 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Liberto

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Salvatora D'Amico

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Pat Liberto

(Address) 412 N Greene

15 Filed ....., 19.....

C. HUDSON JONES, M. D.

Registrar

APR 6 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage, cancer of stomach & abdomen. (over)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Samuel Hunter M. D.

(Coroner)

, 19 2 (Address) 3325 Pelham Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: 4-26 1926

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735, Harford Ave

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09908 E 09908

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3331 Mc. Elderry ST. 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Wood

(a) RESIDENCE No. 3331 Mc Elderry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry B. Wood

6 DATE OF BIRTH (month, day, and year): aug. /184[illegible]

7 AGE — Years: 78 — Months: 8 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Ringrose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Lydia Ringrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Mrs. Lillie Clemens 3331 Mc. Elderry

15 Filed APR 26 1926 19 ..... Registrar

16 Per C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 24, 1926, that I last saw her alive on April 23, 1926, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis — Malignant Cong

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) Geo. L. Wilkins M. D.

April 1926 (Address) 2424 E 39

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 26 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09909

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Brookfield Ave. 13-6 WARD)

2-FULL NAME Jacob Summerfield

(a) RESIDENCE No. 2100 Brookfield Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Summerfield

6 DATE OF BIRTH (month, day, and year) Aug. 23, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	71	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture 045

(c) Name of employer Dealer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Isaac Summerfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzan ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Rose Summerfield (Address) 2100 Brookfield Ave

15 Filed 19.. Registrar

APR 26 1926 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to April 26, 1926, that I last saw h in alive on April 24, 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of August 1925

Was there an autopsy? no

What test confirmed diagnosis? X ray & gastroscope

(Signed) Samuel Hollander, M. D.

, 19 (Address) 1810 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	4/26/1926

20 UNDERTAKER David Sondheim ADDRESS 1430 W. Mt. Royal Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09910

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 09910

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital.

CITY OF BALTIMORE: (No. ..... ST. 3-1 WARD)

2-FULL NAME Hyman Seff

(a) RESIDENCE NO. 1022 E. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 50 Years — Months — Days ..... If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nail Mfr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Seff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Pesha Wilk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Pesha Seff (Address): 1022 E Lombard st

15 Filed: PR 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25, 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 11 1926 to April 25, 1926, that I last saw h[e] alive on April 25, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hem. Carcinoma

sclerosis.

Hypostatic pneumonia, Edema, Chronic nephritis.

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Hypertrophied Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. Arthur Linde, M. D.

Apr 5, 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave.

DATE OF BURIAL: 4/26 1926

20 UNDERTAKER: Hof Finnson & Bro

ADDRESS 1127 E Baltimore St

CAUSE OF DEATH must be given in plain terms. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 09911

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001
10E 09911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Eislen St. S. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Goldie Lee.(C)

(a) RESIDENCE NO. 414 Eislen St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. -- mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 26, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	2	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George W.Lee.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md.

12 MAIDEN NAME OF MOTHER Elizabeth Simmons.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Centreville, Md.

14 Informant Elizabeth Lee.(C(mother.

(Address) 414 Eislen St.

15 Filed ..... 19 .....

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926 to April 22, 1926

that I last saw her alive on April 23, 1926

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Apnoea.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 414 Eislen St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M Reinhardt M. D.

April 24, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL April 26 1926

20 UNDERTAKER Mrs Geo H Hoffa

ADDRESS 406 W. Conway st

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

APR 26 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09912 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09912

CERTIFICATE OF DEATH.

8-3 129 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2216 E Hoffman St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louisa O'Keefe

(a) Residence No. 2216 E Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~. (Write the word.): Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: John O'Keefe

6-DATE OF BIRTH (month, day and year): 1861

7-AGE: 65 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Unknown

PARENTS.

10-NAME OF FATHER: Henry Dautrick

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Mary —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): John O'Keefe

(Address): 2216 E Hoffman St

15- Filed APR 26 1926 19 WILSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr 24-1926

17- I HEREBY CERTIFY, That I attended deceased from April 2 19 26 to April 24 19 26

that I last saw h er alive on April 7 19 26

and that death occurred, on the date stated above, at 1.30 P m

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Chronic Myocarditis)

(Duration) 2 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(Duration) 2 yrs. — mos. — da.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green M. D.

4/24 1926 (Address) Hamilton Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Apl 26 1926

20-UNDERTAKER: Putnam & Love — ADDRESS: 1723 W Fayette

Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 09913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

118 E 09913

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2039 Bentalou ST. 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie B. Tanner,

(a) RESIDENCE. NO. 2039 Bentalou ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Tanner

6 DATE OF BIRTH (month, day, and year) July 6 69

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

PARENTS

10 NAME OF FATHER Wm Cowle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Vernon Tanner

(Address) 2039 Bentalou st

APR 26 1926 H. ANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to Apr. 24, 1926, that I last saw her alive on Apr. 22, 1926, and that death occurred, on the date stated above, at 5-a. m.

The CAUSE OF DEATH* was as follows:

Heart block -complete.
Auricular fibrillation.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Obesity. Ventral hernia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. Lamar Mansmann, M. D.

19 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Bur

DATE OF BURIAL: April 26 1926

20 UNDERTAKER: W M Loutton

ADDRESS: 223 N. North St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 09914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 09914

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 Druid Hill Ave Ward)

2-FULL NAME Hannis Givens

(a) RESIDENCE NO. 717 Druid Hill Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Thos. Givens

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE — Years: 56 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town):

(State or country): N. C.

PARENTS

10 NAME OF FATHER: Clarkson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Clarkson

12 MAIDEN NAME OF MOTHER: Clarkson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Clarkson

14 Informant: Thos Givens

(Address) 717 Druid Hill Ave

15 Filed APR 26 1926 16 HAWSON JONES, M. D.

Per RC Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Coroner's Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) C. E. Hall M. D.

(Coroner)

Address Apr 26 1926 1431 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial 4/28 1926

20 UNDERTAKER: Samuel A. Wesley ADDRESS 1 E Lee

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09915

CERTIFICATE OF DEATH.

90 E 09915

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 E 33rd St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Simond

(a) RESIDENCE NO. 229 E. 33rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 Color or Race W

5 Single, Married, Widowed, or Divorced (write the word) W

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Conrad Simond

6 DATE OF BIRTH (month, day, and year) Oct 6 1835

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
90	89	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Bechell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Rosa Hunsicker

(Address) 229 E 33rd St

APR 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22/1926

17 I HEREBY CERTIFY, That I attended deceased from 4-1- 1926 4-22-1926.

that I last saw h.. alive on 4-20 , 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H. Herrman, M. D.

(Address) 917 S Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — Date of Burial 4/26/1926

20 UNDERTAKER J. J. Moran — ADDRESS 3000 E. Baltimore

OF DEATH in plain (ems, so that it may be properly classified. Fill Statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Rec.

E 09916 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

16 E 09916

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. Biddle St. 10-1 St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harris

(Residence in Baltimore: No. 613 E. Biddle St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 25 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Francis J. Harris

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Nellie Fowler

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Harris

(Address) 613 E. Biddle St

15-

Filed ....., 191.....

C. HANSON JONES, M. D.

MAR 26 1920

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1916, to Apr 25 1916, that I saw h[illegible] alive on Apr 25 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) ....yrs. 20 minutes ds.

CONTRIBUTORY (Secondary) (Version of breech extraction)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. C. Straight M. D.

4/25, 1916. (Address) 16 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Forest Lawn

DATE OF BURIAL, 4/24 1916

20-UNDERTAKER J J Moran

ADDRESS 3000 E. Balto St

Important. See instructions on back of certificate.

E 09917

Spec.—7-19-25—MET—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09917

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

SYDENHAM HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., (No.) No 1

2-FULL NAME Thelma Catherine Strohecker

(a) RESIDENCE NO. 601 S. 13½ St - ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of — -

6 DATE OF BIRTH (month, day, and year) April 21, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	0	4	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Charles Strohecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Madeline Timmerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Chas Strohecker

(Address) 601 S 13½ St

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

APR 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 25, 1926, that I last saw her alive on April 25, 1926, and that death occurred, on the date stated above, at 10 30/a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated 4/17/26 Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Diph. Culture

(Signed) Myron S. Tull, M. D.

4/25, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 4/26 1926

20 UNDERTAKER J. L. Moran

ADDRESS 300 E Baltimore

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 09918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09918

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 W Fayette St. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Logan

(a) RESIDENCE NO. 1535 W Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of William Logan

6 DATE OF BIRTH (month, day, and year) Sept. 10 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Robt. Bell.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jane Laverty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs. C. F. Berry (Address): 1535 W Fayette St.

15 Filed APR 26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 23. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Apr 4 1926 to Apr 23 1926.

that I last saw h[illegible] alive on Apr 22 1926,

and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

4/24/26 (Address) 1724 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: Apr 26 1926

20 UNDERTAKER: John J. Logan & Son

ADDRESS: 902 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly CODED. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

George A McConville Jr.

E 09919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09919

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. 20-4 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. (WARD)

2-FULL NAME George A McConville Jr

(a) RESIDENCE NO. 114 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Geo A. McConville

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Margaret Sheffield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mr Geo A McConville 114 W Fayette St

15 Filed ..... 19.. Registrar

APR 26 1926

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH (month, day, and year) April 27 19 26

I HEREBY CERTIFY, That I attended deceased from April 24, 19 26, to April 27, 19 26

that I last saw him alive on April 24, 19 26

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

1a Second Degree Burn

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Louis Culotta M. D.

April 27, 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: April 28 1926

20 UNDERTAKER: John G. Govan & Son

ADDRESS: 701 G. Govan 901 Hollins St

CAUSE OF DEATH to plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—10-21—M&T—1500 Bks.

1907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09920

CERTIFICATE OF DEATH.

129 E 09920

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adalie Baker

(a) RESIDENCE No. 1334 Myrtle Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Baker

6 DATE OF BIRTH (month, day, and year) May 4 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	52	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook - Ord

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Steve Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Bonsell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17th, 1926, to April 24, 1926, that I last saw her alive on April 24th, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) Last mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) E Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 4/27/26

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 1601 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that any one may understand it. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 09921

CERTIFICATE OF DEATH.

E 09921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore Gen Hosp

CITY OF BALTIMORE: (No. Raynor Ave & Dukeland ST. 24 WARD)

2-FULL NAME Lina Norman.

(a) RESIDENCE No. 3213 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conway Norman

6 DATE OF BIRTH (month, day, and year): Unknown 1890

7 AGE — Years: 36 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): VW

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Conway Norman 3213 Barclay St

Clerk: C. HARRISON JONES, M.D. Registrar

APR 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 11. 1926, to Apr. 23, 1926, that I last saw h[illegible] alive on Apr 23, 1926, and that death occurred, on the date stated above, at 9:55 A m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of Cervix
2.

(duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary): Anemia

(duration) — yrs. — mos. 2/ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO. Date of

Was there an autopsy? Partial.

What test confirmed diagnosis? Clinical findings.

(Signed) R. Fuller, M. D.

4/23 1926 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Apr. 26 1926

20 UNDERTAKER: Mrs R.A. Elliott — ADDRESS: 1725 Ashland Av

ATTENTION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09922

CERTIFICATE OF DEATH.

11-001 E 09922

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 205 S. Washington St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Paris

(a) RESIDENCE NO. 205 S Washington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie

6 DATE OF BIRTH (month, day, and year) unknown 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Louis Paris

(Address) 205 S Washington

Filed APR 27 1926, 19

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

apr 24 — 26

17

I HEREBY CERTIFY, That I attended deceased from apr 18 1926, to apr 24, 1926, that I last saw h[illegible] alive on apr 23 — , 1926, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Broncho - Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) Dr. [illegible], M. D.

4/26, 1926 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial April 27 1926

20 UNDERTAKER J. W. Ozazewski ADDRESS 1930 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
100 E 09923

E 09923

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2203 McElderry St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard J. Stepney

(a) RESIDENCE No. 2203 McElderry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 27 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
—	—	5 4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Howard Stepney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estella Gipson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard Stepney (Address) 2203 McElderry St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24 1926 to April 24 1926 that I last saw him alive on April 24 1926 and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. W. Kennard M. D.

4-25 1926 (Address) 708 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery April 26th 1926

DATE OF BURIAL

20 UNDERTAKER: Milton Davis

ADDRESS: 3161 Eden

CAUSE OF DEATH must be given for every death, no matter how slight the case may appear to be. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09924

E 09924

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Division St. 1401 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Korner

(a) RESIDENCE NO. St. Vincents Infy Way WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1917-5

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records.

(Address)

15 Filed APR 26 1926 By C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 24, 1926, that I last saw him alive on April 24, 1926, and that death occurred, on the date stated above, at 6-10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Measles (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Repeated Exam

(Signed) Albert Joffe, M. D.

, 19 (Address) 20 E. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Apr. 26 1926

20 UNDERTAKER M. Fahey & Sons. ADDRESS 827 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09925

CERTIFICATE OF DEATH.

E 09925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL St., 1401 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert McClelland

(a) RESIDENCE NO. St. Vincent's - Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to April 24, 1926, that I last saw him alive on April 24, 1926 and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron J. Lull M. D.

(Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md. DATE OF BURIAL: Apr. 27 1926

20 UNDERTAKER: M. Fahey & Sons. ADDRESS: 827 W. North Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09926

CERTIFICATE OF DEATH.

REGISTERED NO. E 09926

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. Hebrew Hospital ST. 7-2 WARD 12

2-FULL NAME George Oberender (Overrider)

(a) RESIDENCE NO. 926 N Madeira ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Overrider

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

013

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Joseph Overrider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Anna Overrider

(Address): 926 N Arch[illegible]

26 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-4 1926 to 4-25 1926

that I last saw h(e) alive on 4-25 1926,

and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Endangerment of Liver (Undetermined)
Pleural effusion (2 days)
Pericarditis (2 days)
(duration) about 2 mos ds.

CONTRIBUTORY (Secondary): Pulmonary edema
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What tests confirmed diagnosis? Clinical Signs

(Signed) Victor Schlegel M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jul 28 1926

20 UNDERTAKER: Frank Overdorf — ADDRESS: 1466 E. Lan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09927

CERTIFICATE OF DEATH.

188-001

F 09927

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 15-3 Ward)

2-FULL NAME William Thomas Conaway

(a) RESIDENCE NO. 2613 Kate Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Thelma Conaway

6 DATE OF BIRTH (month, day, and year): Jan 1 1898

7 AGE: Years 28 Months 3 Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer): RR

(c) Name of employer: B & O RR Co

9 BIRTHPLACE (city or town)

(State or country): Delaware

PARENTS

10 NAME OF FATHER: John Conaway

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Dont Know

14 Informant: Thelma Conaway

(Address) 2613 Kate Ave

DATE 4 26 1926 C. HAMPSON JONES, M. D.

Per ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by Runaway Shifting Engine at Locust Point Yards

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Harold E. Foster M. D.

(Coroner)

, 192 (Address) 3328 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemtry — Date of Burial: 4/29 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Main

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.--12-9-25—A Co.—200 Bks.

Dr Horton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09928

CERTIFICATE OF DEATH.

88 E 09928

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1824 Dover St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Elvira Minor Richardson

(a) RESIDENCE NO. 1824 Dover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): Oct. 7 1902

7 AGE: Years 23 Months 6 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Virginia

PARENTS

10 NAME OF FATHER Emett Richardson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Nellie May Hopper

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

14 Informant Earl Richardson

(Address) 1824 Dover Shed

15 Filed 19

Per Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) and from the bodies autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) Unknown

CONTRIBUTORY (Secondary) Chronic Arthritis

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

Apr 26. 1926 (Address) Curtis Bay, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bauchman Cemetery

Date of Burial 4/27/1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Lexington St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

26 1926

Spec.—1-10-21—M&T—1500 Bks.

E 09929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09929

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N Calvert St. 17-6 WARD)

2-FULL NAME Frank. B. Sloan

(a) RESIDENCE No. 1732 N Calvert ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or ~~divorced~~
HUSBAND of
(or) ~~WIFE of~~ Susan. L. Sloan

6 DATE OF BIRTH (month, day, and year) March 16th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	80	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George. F Sloan

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Cushing

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Md

14 Informant Susan. L. Sloan
(Address) 1732 N Calvert St

15 Filed R 26 1926, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to April 26, 1926, that I last saw him alive on April 26, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe and Broncho-Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. + mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Gibson Porter, M. D.

4/26 1926 (Address) 432 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL April 28 1926

20 UNDERTAKER Henry W Jenkins & Son — ADDRESS Cleveland & N. Collins St.

G. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 09930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09930

111-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Clyde Whitaker

(a) RESIDENCE NO. Same Home Lombard ST. Greene WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	21	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Laurel Hill N. C.

PARENTS

10 NAME OF FATHER Clarence Whitaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Raleigh N. C.

12 MAIDEN NAME OF MOTHER Minnie Lunge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel Hill N. C.

14 Informant (Address) Mr. C. Whitaker no 2 Stanwood

15 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 26, 1926, that I last saw her alive on April 26, 1926, and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Omental Adhesions (abdominal)
Gastric Ulcer

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforation of Gastric Ulcer & Diffuse Peritonitis
4-5 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of 4/21/26 & 4/25/26

Was there an autopsy? Yes Partial (abdominal)

What test confirmed diagnosis? Phy. Exam. Oper. Autopsy

(Signed) J. Hagle Warfield, Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauenburg, N. C. DATE OF BURIAL June 2 19 26

UNDERTAKER F. B. Nesfield ADDRESS 1850 N. Bethel

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE TION is very important. See instructions on back of certificates.

26 1926

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09931

CERTIFICATE OF DEATH.

31 E 09931

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 23-12 WARD)

2-FULL NAME James Campbell

(a) RESIDENCE NO. 125 E. Pratt st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Frank Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Hospital Records (Address)

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar Per

APR 26

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 19 26

17

I HEREBY CERTIFY, That I attended deceased from January 8, 19 26 to April 22, 19 26,

that I last saw him alive on April 22, 19 26,

and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal pulmonary hamorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical findings

(Signed) W. McKane Jr. M. D.

4-22-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09932 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1112 N. 40th St. 13-4 179 Registered No.

City of BALTIMORE: (No. 1112 N. 40th St. St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Kennedy

(a) Residence No. 1112 N. 40th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? 77 yrs. 1 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Kennedy.

6-DATE OF BIRTH (month, day and year) March 7 1848

7-AGE. 77 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Harford Co Md.

PARENTS.

10-NAME OF FATHER, John Kennedy

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown.

12-MAIDEN NAME OF MOTHER, Elizabeth Hand.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-INFORMANT. Mrs. F. E. Tuttle

(Address) 1413 Fulton Road

15-FILED. C. HAMPSON JONES, M. D. Registrar.

Per

APR 26 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 25/26

17- I HEREBY CERTIFY, That I attended deceased from April 8 26, 19.. to April 24 1926, that last saw him alive on April 24 19 26, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) C. F. Culpepper M. D.

4-26 1926 (Address) 170 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Mary's Hanover DATE OF BURIAL. April 27 1926

20-UNDERTAKER. J. Walter Davis ADDRESS. 330 Paca St.

In printing name, so that it may be properly classified. Follow instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09933 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09933

60-04

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 9-6

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ella Ross

(a) RESIDENCE NO. 411 E. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 5 mos. 28 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edmund D. Ross

6 DATE OF BIRTH (month, day, and year): Oct 27 1873

7 AGE — Years: 52 — Months: 5 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Corsetier 067

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Hutzler Bros. Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert J. Mullikin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah Emmer Tealahall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Maurice M. Mullikin

(Address) 411 E. North ave

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1926, to April 25, 1926, that I last saw her alive on April 25, 1926 and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

(duration) 1 yrs. 3 mos. ..... ds. (History)

CONTRIBUTORY (Secondary) Pleurisy c effusion

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippy, M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 28 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North ave

TION is very important. See instructions on back of certificates.

26 1926

Spec.—1-12-23—M&T—500 Bks.

E 09934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09934

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 E. East St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Elizabeth Creager

(a) RESIDENCE NO. 104 E. East St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug. 20 1924

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby, dtd

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Clarence L Creager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Thurmont, md.

12 MAIDEN NAME OF MOTHER: Hattie Stitcheldale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Thurmont, Md.

14 Informant: Mary F. Stitcheldale

(Address): 1803 Mayo av

Filed 2 6 1926 19 C. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6 26, to April 25, 1926,

that I last saw her alive on April 25, 1926,

and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Wm G. Smiley, M. D.

April 19 (Address) 2358 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Thurmont Md

DATE OF BURIAL: April 28 1926

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W Fayette ave

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

09935

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 09935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Charles Hartman (1) st. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hopkins Hospital (2)

(a) RESIDENCE NO. St Vincent's Orphanage St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxx

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?hild

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Bertha Hartman

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) unknown

14 Informant Hospital Records

(Address)

Filed 19 C. HAMPSON JONES, M. D.

Registrar

26 1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Autopsy at Hopkins)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. Whitridge Williams, M. D.

(Coroner)

4/26/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: Apr. 26 1926

20 UNDERTAKER M. Fahey & Sons. ADDRESS W. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09936

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 1616 N. Calvert St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bartholomew, Kehoe

(a) Residence No. 1616 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, ~~Married, Widowed, or Divorced~~ (Write the word)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): April 14 1843

7-AGE: 83 yrs. ..... mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Scarborough, Md. Harford Co. Md.

PARENTS:
10-NAME OF FATHER: Lawrence Kehoe
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland.
12-MAIDEN NAME OF MOTHER: Sarah Toale
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland.

14-
(Informant) Mrs. Wm. H. Fisher
(Address) 1616 N. Calvert St.

15-
Date 2 6 1926
C. HAMPSON JONES, M. D.
Registrar.
Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr. 24, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Apr. 18 1926 to Apr. 24 1926
that I last saw h~~im~~ alive on Apr. 24 1926
and that death occurred, on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Ac. endocarditis

(Duration) ... yrs. ... mos. 10 ds.
CONTRIBUTORY (Secondary): Influenza
(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Geo. E. Wilson M. D.
, 19 (Address) 13 W. Biddle

*State the **Disease Causing Death**, or In deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St. Charles, Pikesville Md.	4/27, 1926
20-UNDERTAKER.	ADDRESS
Mary M. Wiedefeld.	501 E. 22nd St.

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09937 ✓ X45 E 09937

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene ST. 11-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry S Childmaster

(a) RESIDENCE NO. Randallstown Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? 50 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Schildmaster

6 DATE OF BIRTH (month, day, and year) January 20 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Gottlieb Schildmaster
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER — Kinder
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Pauline Wideman
(Address) Randallstown Md.

15 APR 26 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to April 26, 1926, that I last saw h alive on April 26, 1926, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma Rectum C. metastasis to peritoneal glands mesentery, liver, causing obstruction (duration) 10 yrs. mos ds.
CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? yes Date of April 16
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Thomas J Cowan M. D.
19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Londons Park — DATE OF BURIAL Apr 29 26

20 UNDERTAKER J. R. Neer — ADDRESS Sykesville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09938

91-02 E 09938

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 Broad alley 3-1 Ward)

2-FULL NAME Mary White

(a) RESIDENCE NO. 109 Broad alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Robert Williams

(Address) 515 N. Eden St

15 Filed 2 6 1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

(Signed) James M Fenton M. D.

(Coroner)

4 27 26 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial April 1926

20 UNDERTAKER Robert F Williams ADDRESS 515 N Eden St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09939 ✓ E 09939

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1464 Stevenson St. 24-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Williams

(a) RESIDENCE NO. 1464 Stevenson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Williams

6 DATE OF BIRTH (month, day, and year): May 26, 1856

7 AGE: Years 69 | Months 10 | Days 28 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER — Volcert

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dylamont

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Wm. Maher

(Address) 651 Annapolis Ave (Curtis Bay)

Filed 4 26 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/24 1926

17

I HEREBY CERTIFY, That I attended deceased from April 20th 1926, to April 24th 1926,

that I last saw h__ alive on April 24th 1926

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) __ yrs. __ mos. 5 ds.

CONTRIBUTORY

(Secondary)

(duration) __ yrs. __ mos. __ ds.

18 Where was disease contracted? At place of death

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Dorothy Kleinbeil M. D.

4/26, 1926 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Apr 28 1926

20 UNDERTAKER: Margaret S. Flynn ADDRESS: 1211 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

26 1926

Spec.—12-9-25—A Co.—200 Bks.

E 09940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09940

CERTIFICATE OF DEATH.

74-084

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3123 Wilkens ave 25-3 Ward)

2-FULL NAME Rose Elly Hafler

(a) RESIDENCE NO. 3123 Wilkens ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hafler

6 DATE OF BIRTH (month, day, and year): Nov 14 1872

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
53	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: George Lewis

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellen Farmer

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country):

14 Informant: Chas Hafler

(Address) 3123 Wilkens Ave

Filed APR 26 1926

G. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925 to April 25 1926; that I last saw h.. alive on April 25 1926, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar (Primary)

Arterio Sclerosis; Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Patrick C. Peters, M. D.

4/26 1926 (Address) 2157 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Apr 28 1926

20 UNDERTAKER: H. W. Cook — ADDRESS: 5328 Southern

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 09941 HEALTH DEPARTMENT--CITY OF BALTIMORE E 09941

CERTIFICATE OF DEATH

REGISTERED NO. C 57

1-PLACE OF DEATH

CITY OF BALTIMORE (No. House of Good Shepherd Hollins St. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Sister Mary Regan Devine

(Residence in Baltimore: No. Hollins & Mount St. St.: 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F

4-COLOR OR RACE: Wh.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 22, 1861 (Month) (Day) (Year)

7-AGE: 64 yrs. 9 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Superioress 065
(b) General nature of industry, business, or establishment in which employed (or employer): (retired 2 years)

9-BIRTHPLACE (State or country): Pittsburgh, Pa.

PARENTS

10-NAME OF FATHER: Thomas Devine

11-BIRTHPLACE OF FATHER (State or country):

12-MAIDEN NAME OF MOTHER: Margaret O'Brien

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister M. of St. Loretta Superior

(Address) Convent of Good Shepherd Mount & Hollins Sts.

15-FILED APR 26 1926, 191 C. HAMPSON JONES, M. D. REGISTRAR

Per 191

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 25th, 1926 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from February, 1926, to April 25th, 1926, that I saw h[er] alive on April 22nd, 1926, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia.
Diabetic Coma

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Renal infection and Diabetes

(Duration) yrs. mos. ds.

(Signed) Jack Ward M. D.

April 26th, 1926. (Address) 360 N Caton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 41 yrs. mos. ds. In the State 41 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Pittsburgh Pa.

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Apr 27 1926

20-UNDERTAKER: J. Fisher, Haro. — ADDRESS: 311 Light

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09942

E 09942

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3221 Guilford Ave. Ward) 17-4

2-FULL NAME Amos D. Ailes

(a) RESIDENCE NO. 3221 Guilford Ave St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): M

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence V. Ailes

6 DATE OF BIRTH (month, day, and year): Ap 14 - 1842

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Manf of Bulk

(b) General nature of industry, business, or establishment in which employed (or employer): 04

(c) Name of employer

9 BIRTHPLACE (city or town) ____ (State or country) Penn.

PARENTS

10 NAME OF FATHER: Amos Ailes

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Penn.

12 MAIDEN NAME OF MOTHER: Margt Wendelz

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Penn.

14 Informant: Robt. Ailes

(Address) 3217 Guilford Ave

15 Filed ____ 1926 C. HAMPSON JONES, M. D. Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 - 1926

17 I HEREBY CERTIFY, That I attended deceased from April 18 1926, to April 26 1926, that I last saw h alive on April 24 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBITORY (Secondary) Hiccough (Uraemic)

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? ?

(Signed) Hobart Buck, M. D.

4/26 1926 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: April 27 1926

20 UNDERTAKER: John A. Horan ADDRESS: 3000 E. Balto

26 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 09943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09943

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

2-FULL NAME Abith Mohammed (Mohammed Tabet)

(a) RESIDENCE NO. S. S. Gileston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not stated

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman & Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) S. S. Gileston

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aden Arabia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant City Hospital Records (Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per MRP

4 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1926 to April 23, 1926, that I last saw him alive on April 23, 1926, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. G. McCance Jr. M. D.

4-23-, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL Apr 27 19 26

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09944

CERTIFICATE OF DEATH.

E 09944

94-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1921 West Fairmount Ave St. 70-5 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EMMMA KESSLER

(a) RESIDENCE NO. 1921 West Fairmount Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Kessler

6 DATE OF BIRTH (month, day, and year) January, 15" 1862

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
64	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Brooklyn, A.A.Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Dueker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Conrad Kessler

(Address) 1921 West Fairmount Ave.

Filed 1926 C. HAMPSON JONES, M. D.

Per nad Registrar

R26

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

April, 25th. 1926

17

I HEREBY CERTIFY, That I attended deceased from April 10 19 26, to April 25 19 26,

that I last saw her alive on April 24th 19 26,

and that death occurred, on the date stated above, at 4.10 A m.

The CAUSE OF DEATH* was as follows:

Hemoplegia 2 days

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Herbert Zepp, M. D.

April 26 1926 (Address) 3048 West North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial Apr 29th 19 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Bond St

Don should be carefully supplied. Any error should be noted [illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 09945 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09945

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH Bon Secours Hospital-1 REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore & Payson ST.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie M. Holle

(a) RESIDENCE No. 701 University Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles A. Holle

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston, S. C.

PARENTS

10 NAME OF FATHER Frank D. Heidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Columbia, S. C.

12 MAIDEN NAME OF MOTHER Sophia Schwing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charleston, S. C.

14 Informant Charles A. Holle

(Address) 921 North Charles Street

15 Filed 4 26 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to April 25, 1926

that I last saw her alive on April 25, 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic nephritis (Interst)

(duration) 2 yrs. (?) mos from hist. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Apr. 27 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact name of occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 09946 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09946

CERTIFICATE OF DEATH. 74-002

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1918 W. Pratt St. 205 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Albrecht.

(a) Residence No. 1918 W. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Albrecht

6-DATE OF BIRTH (month, day and year) Oct 18. 1843

7-AGE. 82 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bleubeer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Harry Albrecht

(Address) Baltimore Md

15- Received APR 26 1926 C. HAMPSON JONES, M. D. Registrar.

By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 24. 1926.

17- I HEREBY CERTIFY, That I attended deceased from Apr 18 1926 to Apr 24 1926

that I last saw h-- alive on Apr 24 1926

and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Thrombosis of branch of left middle cerebral artery - with paralysis of rt arm.

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry D. McCarty M. D.

Apr 26. 1926 (Address) 37 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery DATE OF BURIAL. Apr 27 1926

20-UNDERTAKER, George J. Schmidt ADDRESS 220 Cook Ave

In plain terms, so that it may be properly classified. Exact statement of cause of death. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 09947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 09947

1-PLACE OF DEATH

City of BALTIMORE: (No. 3002 Baker St. Ho. 1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~NAME~~ John A. Paine

(a) RESIDENCE NO. 3002 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M Paine

6 DATE OF BIRTH (month, day, and year) Sept 29 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brush maker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER John A Paine

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Curtis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant

(Address) Grace M Paine 3002 Baker St

Filed 19 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Brights

(duration) yrs. mos. 2 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

(Signed) (Coroner) M. D.

Apr 26 1926 1430 Bay Sun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mers Oakland 4-27-26

Date of Burial

20 UNDERTAKER Wm Cook ADDRESS 502 E Pratt

26 1926

don should be carefully supplied. AGE should be stated EXACTLY. The questions should be answered OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09948

CERTIFICATE OF DEATH.

E 09948

REGISTERED NO. 10001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1614 Thames ST. 2-2 WARD)

2-FULL NAME Richard J. McKenna

(a) RESIDENCE NO. 1614 Thames ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 24 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	30	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Frank McKenna

11 BIRTHPLACE OF FATHER (city or town) Boston (State or country) Mass.

12 MAIDEN NAME OF MOTHER Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass.

14 Informant Frank McKenna

(Address) Boston Mass.

Filed APR 27 1926 By C. HARRISON JONES, M. D.

Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to April 25, 1926,

that I last saw h~~e~~ alive on April 25, 1926,

and that death occurred, on the date stated above, at 8.25 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. P. Eckenbrack, M. D.

, 19 (Address) 1412 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 27 1926

20 UNDERTAKER L. P. Fuchsenbaugh — ADDRESS 2620 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R Z 7 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09949

CERTIFICATE OF DEATH.

113 E 09949

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~809~~ 829 N. Dallas St St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lois Holcomb

(a) RESIDENCE NO. ~~809~~ 829 N. Dallas St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: XXXX

6 DATE OF BIRTH (month, day, and year): Apr 24/25

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: James C. Holcomb

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Jennie LaLee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md

14 Informant: James E. Holcomb

(Address): 829 809 N. Dallas St

15 Filed ..... 19 .....

APR 27 1926

C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to HER death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Intestinal Indigestion (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Collins M. D.

4/26/26 (Coroner) (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial: April 27 1926

20 UNDERTAKER: Mrs Chas L. Bailey ADDRESS: 171 Jefferson

tion should be carefully supplied. AGE should be stated EXACTLY. Prepositions should not be used in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09950 CERTIFICATE OF DEATH 101 E 09950

1-PLACE OF DEATH Hebrew Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andy Protosowski Protosowski

(a) RESIDENCE NO. 592 Robert Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Noknow 1887

7 AGE 39 Years — Months — Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Labar

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russian Pol-

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian

14 Informant K. Youshuek (Address) 2703 Clarense Ave.

15 Filed APR 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/24 .1926. to 4/26 .1926.

that I last saw him alive on 4/26 .1926

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneum (rt)

Pulmonary Oedema

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Victor Sahag M. D.

.19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Yndepedet Cem. DATE OF BURIAL: April 27. 1926

20 UNDERTAKER: John Grebliauckas ADDRESS: 423 S Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09951

CERTIFICATE OF DEATH.

90 E 09951

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 273 S. Ellwood St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Mannion

(a) RESIDENCE NO. 273 S Ellwood ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): W

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Michael Mannion

6 DATE OF BIRTH (month, day, and year): Feb 18 44

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Michael Reamell

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs Gillespie

(Address): 273 S Ellwood ave

15 Filed ..... 19 ..... Registrar

APR 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/30 1925 to 4/22 1926,

that I last saw h.. alive on 4/22 1926,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteria Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart Disease

(Signed) by mail, M. D.

, 19 (Address) 3015 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Bom — Date of Burial: 4/27/1926

20 UNDERTAKER: J. J Moran — ADDRESS: 300 E Balto St

Don should be carefully supplied. AGE should be stated EXACTLY. The figures should indicate OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09952

CERTIFICATE OF DEATH.

1 29 E 09952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2200 Erdman ave (St.) 8-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bauernschmidt

(a) RESIDENCE NO. 2200 Erdman ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) [redacted] of Annie Bauernschmidt

6 DATE OF BIRTH (month, day, and year) Sept 27th 1862

7 AGE: Years 63 Months 6 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Brewer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Bauernschmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Wiesner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Bauernschmidt (Address) 2200 Erdman ave

15 Filed APR 27 1926 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926.

17 I HEREBY CERTIFY, That I attended, deceased from Sept 1925 to April 25 1926

that I last saw h[redacted] alive on April 24th 1926

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

1 Arteriosclerosis Myocarditis

Incipient Uremia.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Gout

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. B. Hamilton Jr M. D.

(Address) 2407 Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Apr 28th 1926

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 E Mon[illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09953

CERTIFICATE OF DEATH. [r] 10 E 09953

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Evergreene ave ST. Hamilton 27-11 WARD)

2-FULL NAME Turmerl R. Wesley

(a) RESIDENCE NO. 32 Evergreen ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 30th 1918

7 AGE — Years: 7 — Months: 3 4 — Days: 26 25 — If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Lloyd Wesley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Turmerl Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Lloyd Wesley (Address) 32 Evergreene ave

15 Filed APR 27 1926 19 Per KK Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 24, 1926, that I last saw him alive on April 24, 1926, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. M. Bacon M. D.

4/25, 19 26 (Address) Parkville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Apr 28th 1926

20 UNDERTAKER: George Schelling & Sons — ADDRESS: 1136 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09954 — 162 — E 09954

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3703 Claremont Ave ST. 76-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter M. Aiello Jr.

(a) RESIDENCE NO. 3703 Claremont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 13-1926

7 AGE — Years | Months | Days: 12 | If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Peter M. Aiello Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Johanna Rotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Peter M. Aiello Jr.

(Address): 3703 Claremont Ave

Filed APR 27 1926 C. HAMPSON JONES, M.D.

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1926, to April 25, 1926, that I last saw h— alive on April 25, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis of Lungs

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No clinical

What test confirmed diagnosis?

(Signed) D. Artigiani, M. D.

, 19 (Address) 2942 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 27 1926

20 UNDERTAKER: Lilly & Julius ADDRESS: 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09955

CERTIFICATE OF DEATH.

100-001

E 09955

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Tenth St. ST. 26-7 WARD)

2-FULL NAME Albert Clarence Hoffman

(a) RESIDENCE NO. 102 S. Tenth St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 14 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	0	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna E. Herget

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Edward Hoffman

(Address) 102 S. Tenth St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

PR 27 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to April 25, 1926, that I last saw him alive on April 25, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) M. S. Mayer M. D.

4/25, 1926 (Address) 1216 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL April 26 1926

20 UNDERTAKER Lilly & Zieber Co ADDRESS 403 N. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

WALZ

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09956

CERTIFICATE OF DEATH.

93 E 09956

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 5-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie C Walz

(a) RESIDENCE NO. 306 N Carolina ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced (or) WIFE of John Walz

6 DATE OF BIRTH (month, day, and year) Aug 10/67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	58	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER John Hugel

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Emma —

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant John Walz

(Address) 306 N. Carolina St

Filed APR 27 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/24 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/19, 1926, to 4/24, 1926, that I last saw her alive on 4/24, 1926 and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Arthritis —

(duration) yrs. mos 1/4 ds.

CONTRIBUTORY (Secondary) Embolism

Arthritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) Clement R. Manson, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

DATE OF BURIAL 4/27 1926

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 09957

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 09957

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 Brooks Lane St. 13-6 Ward)

2-FULL NAME Mary Cohn

(a) RESIDENCE NO. 818 Brooks Lane St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 40 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: S. E. Cohn

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0-31

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Rubin —

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Tobis —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: [illegible]

(Address): 1439 E. Baltimore St.

15 Filed APR 27 1926 19 HARRISON JONES M.D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26: April 26

17 I HEREBY CERTIFY, That I attended deceased from April 23rd 19 26, to April 26, 1926,

that I last saw h... alive on April 26, 19 26,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael V. Cohn, M. D.

4-26, 19 26 (Address) 2300 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — Date of Burial 4-27-1926

20 UNDERTAKER: Jack Kosvic — ADDRESS 1439 E. Balto.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09958

CERTIFICATE OF DEATH.

161-001

E 09958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. WARD)

2-FULL NAME Baby Prebach

(a) RESIDENCE NO. Hebrew Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-4-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Harry Prauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Estrow Rodblatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hosp. Records

(Address)

15 Filed APR 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-5 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-4, 1926, to 4-5, 1926

that I last saw h[illegible] alive on 4-5, 1926,

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (6½ months)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Chas. Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chev Sholom Cem.

DATE OF BURIAL 4-27 1926

UNDERTAKER Jack Lewis, 1739

ADDRESS E. Balto.

mation should be correctly supplied. Also show the usual occupation. Exact statement of OCCUPATION is very important. See Instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 09959

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-001 E 09959

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., 1st WARD)

2-FULL NAME Baby Pribach

(a) RESIDENCE NO. Hebrew Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1hr, ... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-4-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ..... ptd

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Harry Pribach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Rodbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hosp. Records
(Address) .....

15 Filed APR 27 1926 19 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4-4, 19 26, to 4-4, 19 26, that I last saw h/[illegible] alive on 4-4, 19 26, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Prematurity (6½ months)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Philip Jacobson M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chesterwood Cem.

DATE OF BURIAL 4-27-1926

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E. Balto.

mation should be carefully supplied. AGE should be stated EXACTLY. Information on CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09960 — CERTIFICATE OF DEATH. — 129 — E 09960

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 916 Argyle ave St.; 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Braxton

(Residence in Baltimore: No. 916 Argyle ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 1 (Month) — 1864 (Day), 1 (Year)

7-AGE, 62 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Earle

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Holmes

(Address) 916 Argyle ave.

15- Filed APR 27 1926 C. HAMPSON JONES, M. D. Registrar.

RK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 24 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-7-1926 to 4-24-1926 that I saw h[er] alive on 4-23-1926 and that death occurred, on the date stated above, at 9.50 Am

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 1 mos. ds.

(Signed) Wm R. Boykin M. D.

4/26, 1926 (Address) 161 S Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, April 27, 1926

20-UNDERTAKER Mrs. Kate A. Williams — ADDRESS 322 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09961

CERTIFICATE OF DEATH.

× 132

E 09961

1-PLACE OF DEATH South Balt Gen Hosp

CITY OF BALTIMORE: (No. 1213 Light ST. 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Fredrick C Green

(a) RESIDENCE NO. 7 J C Revell Line Locust Point

(Usual place of abode) ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Uncertain

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Margaret Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frederick B Green

(Address) 420 Benhurst Ave

15 Filed APR 27 1926 HAMPSON JONES, M. D. Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1926, to April 27, 1926.

that I last saw h[illegible] alive on April 27 4, 1926.

and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of April 24

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) South Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL April 28 1926

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 09962 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09962

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 S Kenwood Ave ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Strugala

(a) RESIDENCE NO. 1007 S Kenwood Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1865 Dec 10

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Bendzimow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Marie Bendzimow

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jacob P Strugala

(Address) 1007 S Kenwood Ave

15 Filed. C. HAMPSON JONES, M. D.

Registrar

PR 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to April 25, 1926, that I last saw h alive on April 25, 1926, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) L. B. Bronstas, M. D.

4-25 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	April 28 1926
20 UNDERTAKER	ADDRESS
Stephen J Fialkowski	1000 S Kenwood Ave

mation should be carefully supplied. Age should be stated exactly. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09963

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boy Walker

(a) RESIDENCE NO. 2611 Pierce Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years — Months: 3 — Days — If LESS than 1 day, hrs. or min.: 3 hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Blanche Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant: Records

(Address)

Filed APR 27 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20 1926, to April 20 1926, that I last saw h[illegible] alive on April 20 1926, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 3 hrs

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Leo W. Cornwall, M. D.

19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09964

74-201

E 09964

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balto City Hospitals Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Byers

(a) RESIDENCE NO. 43 N Carolina St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Byers

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 54 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: at home

9 BIRTHPLACE (city or town)

(State or country): Balto City

PARENTS

10 NAME OF FATHER: Samuel Byers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): St Mary's Co

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto City

14 Informant: Wm Byers

(Address): 43 N Carolina

15 Filed 16

APR 27 1925 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Furlow M. D.

(Coroner)

4 24 1925 (Address) 700 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashburg County — Date of Burial: 4/27/25

20 UNDERTAKER: Byron C Wright — ADDRESS 1213 W Eldorado

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09965

CERTIFICATE OF DEATH.

T 9 E 09965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9-1 ST., WARD)

SYDENHAM HOSPITAL

2-FULL NAME allen Slaysman

(a) RESIDENCE NO. Arizona ave — ST. Fullerton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 25-1925

7 AGE: Years 1 | Months 3 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fullerton md

PARENTS

10 NAME OF FATHER Walter Slayman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Yingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Parents Arizona ave Fullerton

Filed APR 27 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 26, 1926, that I last saw his/her alive on April 26 1926 and that death occurred, on the date stated above, at 11:40 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) — yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Bill a Gorman, M. D.

4/26/26 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: Apr 27 1926

20 UNDERTAKER: Geo J. Rutter — ADDRESS: 1235 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 09966 HEALTH DEPARTMENT—CITY OF BALTIMORE 12 E 09966

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2145 N. Smallwood ST. 20-3 WARD)

2-FULL NAME Margaret Ann Balderston

(a) RESIDENCE NO. 2145 N. Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marcellus Balderston

6 DATE OF BIRTH (month, day, and year): Dec 8. 1837

7 AGE: Years 88 Months 5 Days 13 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Wm. Haslett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Castle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Agnes M. Richardson (Address): 2145 N. Smallwood St.

15 Filed APR 27 1926 C. HAMPSON JONES, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20th, 1926, to April 26th, 1926, that I last saw her alive on April 25th, 1926, and that death occurred, on the date stated above, at 3-45 Am.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? ?

What test confirmed diagnosis? Usual

(Signed) Edith Emmert M. D.

April 27th 1926 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: April 28 1926

20 UNDERTAKER: Fisher & Mitchell ADDRESS: 1201 W. Fayette St

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 09967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Albion Hotel ST. 11-2 WARD)

2-FULL NAME Rebecca Edmands Cushing

(a) RESIDENCE No. Albion Hotel ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1-29 09967
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22, 1837

7 AGE — Years: 88 | Months: 6 | Days: 3 4 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: David Cushing

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mc. Cellan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ca.

14 Informant: Miss Katherine Barrett
(Address) 2 Lexington Road, Roland Park

15 Filed Apr 27 1926, 19 HAMPSON JONES, M. D. Registrar
R.J.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1925, to April 25, 1926, that I last saw h alive on April 25, 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Myocardial Insufficiency.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hyaline Casts

(Signed) J. A. Cleland, M. D.

4-26 1926 (Address) 1300 A Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemy — DATE OF BURIAL: April 27, 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 120 W. Lafayette Ave

mation should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09968

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001
E 09968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 Hoffman ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Payne

(a) RESIDENCE NO. 760 Hoffman ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Payne

6 DATE OF BIRTH (month, day, and year): 1844

7 AGE: Years 82 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Felix Roth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Yeo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mary Payne
(Address) 760 Hoffman

15 Filed , 19 C. HERBERT JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19th 1926 to April 24th 1926

that I last saw h alive on April 24th 1926

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Progressive Cancer of Duodenum

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Ellis, M. D.

19 (Address) 52 E Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Apr 27 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1225 Eastland Ave

PR 27 1926

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, say so. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09969

CERTIFICATE OF DEATH.

3 E 09969

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 Warwick Ave WARD 15-9

2-FULL NAME Ethel J Burgell

(a) RESIDENCE NO. 1621 Warwick Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Ralph Burgell

6 DATE OF BIRTH (month, day, and year): Jan 30 1902

7 AGE: Years 24 Months 3 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert Ridinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Blanche Ridinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ralph Burgell

(Address): 1621 Warwick Ave

Filed APR 27 1926 Registrar: R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 1926 to April 26 1926

that I last saw h alive on April 26 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Septic Endocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C I Fridgen M.D.

Apl 26 1926 (Address) 3201 Gilroy Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md

DATE OF BURIAL: Apl 28 1926

20 UNDERTAKER: Ehenowerth & Son

ADDRESS: 917 Chestnut Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09970

100.001

E 09970

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Aliceanna ST. 7-2 WARD)

2-FULL NAME Mary Fistek

(a) RESIDENCE NO. 1634 Aliceanna ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Whit

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: About 67 Years — Months — Days

If LESS than 1 day, hrs. or... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thomas Fistek

(Address) 1634 Aliceanna

15 Filed APR 27 1926 19 Registrar C. HAMPSON JONES, M. D. K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to April 25, 1926,

that I last saw h[illegible] alive on April 24, 1926,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (bronchial)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of — —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Rehberger, M. D.

19 (Address) 1709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 4/28 1926

20 UNDERTAKER: Wm. Fialkowski

ADDRESS: 1618 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09971

CERTIFICATE OF DEATH.

90 E 09971

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 S Duncan St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mikhial Kendzierski

(a) RESIDENCE NO. 520 S Duncan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown 1866

7 AGE: Years 60 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Agnes Krolow

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Frank Kendzierski

(Address) 520 S Duncan

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

APR 27 1926 By D.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1926, to April 25 1926, that I last saw h... alive on April 25 1926, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Bronchitis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Papanek, M. D.

(Address) 501 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial April 28 1926

20 UNDERTAKER: J. W. Ozazewski ADDRESS 1930 Eastern Av

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 E 001 E 09972

E 09972 CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N Carrollton ST., 16-1 WARD)

2-FULL NAME Baby Patterson

(a) RESIDENCE No. 602 N Carrollton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: X

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: X — Months: X — Days: X — If LESS than 1 day, hrs. or min.: X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Ida Merril

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Charles Patterson

(Address) 602 N Carrollton ave

15 Filed APR 27 1926 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26 1926.

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to April 26, 1926

that I last saw him alive on April 26, 1926,

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? X Date of

Was there an autopsy? X

What test confirmed diagnosis? X

(Signed) V. Kirkbride, M. D.

, 19 (Address) 601 N Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

INSTRUCTIONS.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09973

CERTIFICATE OF DEATH.

90 E 09973

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1915 E Lombard St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank John Kreipl

(a) RESIDENCE NO. 1915 E Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Kreipl

6 DATE OF BIRTH (month, day, and year): October 1857

7 AGE — Years: 68 — Months: 6 — Days: 20 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Kreipl

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Roslein Hoffbauer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Austria

14 Informant: Mary E. Kreipl

(Address): 1915 E Lombard

15 Filed ....., 19..... Registrar

APR 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22 1926 to April 26, 1926, that I last saw him alive on April 25, 1926 and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Typical signs

(Signed) Leo A. Steele, M. D.

April 27, 1926 (Address) 1937 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial, April 27 1926

20 UNDERTAKER: Wendell Duffield Son — ADDRESS 378 Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 09974

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 09974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore, Md. (ST.) 76-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Falharber,

(a) RESIDENCE NO. Bay View Asylum. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female,	white,	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year) 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inmate.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Falharber.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Records.

(Address) Baltimore City Hospls.

15 Filed APR 27 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-26. 19

17 I HEREBY CERTIFY, That I attended deceased from 4-23-26, 19, to 4-26-26. 19,

that I last saw h[illegible] alive on 4-26-26. 19,

and that death occurred, on the date stated above, at 11:45A. m.

The CAUSE OF DEATH* was as follows:

Carbuncle inter-scapular Region of the back.

6 Weeks. (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia. (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 3-11-26 Excision of Carbuncle.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab.

(Signed) Chas. P. Kemper M. D.

, 19 (Address) Baltimore City Hosps.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL April 28 1926

20 UNDERTAKER Wendell Oppeston

ADDRESS 318 N

Spec—12-23-21—E.B.R.S.—400 Bks.

Bauer

E 09975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09975

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 26-573

City of BALTIMORE: (No. 612 S Bouldin St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bauer

(a) Residence No. 612 S Bouldin St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margrith Bauer

6-DATE OF BIRTH (month, day and year): May 1 1855

7-AGE: 71 yrs. 11 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer): 015

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS:

10-NAME OF FATHER: John Bauer

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

(Informant): Margrett Bauer

(Address): 612 S. Bouldin St

APR 27 1926

C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 4/25/26

17- I HEREBY CERTIFY, That I attended deceased from 4/23/ 1926 to 4/ 26 19 26

that I last saw h alive on 4/23 1926

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

arm

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 6 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas Grayson Jones M.D.

19 (Address) 46 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: April 29 1926

20-UNDERTAKER: Wendell Dyffenbach

ADDRESS: 637 S Ann

...y supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH ... so that it may be properly classified. Exact statement of OCCUPATION is very important. See ... on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09976

CERTIFICATE OF DEATH.

3/ E 09976

1-PLACE OF DEATH

City of BALTIMORE: (No. 208 Curley St. 1-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Stark

(a) RESIDENCE NO. 208 Curley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (Write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rudolph Beck

6 DATE OF BIRTH (month, day, and year): May 21-1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER: Wilhelm Adelsman

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Agnes Brown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Mamie Robertson

(Address) 320 S 14th St

15 Filed 4-7-1926 C. HARRISON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 25-26 19

17 I HEREBY CERTIFY, That I attended deceased from April 6 26 to April 25 26,

that I last saw h[illegible] alive on April 24 26,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hans Fuller M. D.

4-7 19 (Address) 1938 E Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Lonely — Date of Burial 4/27 19 26

20 UNDERTAKER: J. J. Moran — ADDRESS 3000 E. Balto

M.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09977 HEALTH DEPARTMENT—CITY OF BALTIMORE

74 001
74 E 09977

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1323 Mt Royal av ST. 11-1 WARD)

2-FULL NAME Francesco de Rosa

(a) RESIDENCE NO. 1323 Mt Royal Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Xaveria De Rosa

6 DATE OF BIRTH (month, day, and year) Feb 19th 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Constantine De Rosa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Matilda Grande

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Matilda Basilicata
(Address) 1323 Mt Royal ave

15 Filed APR 27 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1926. to April 25, 1926.

that I last saw him alive on April 24, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Cassard M. D.

4. 26 26 (Address) 5, 4 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent

DATE OF BURIAL April 29 1926

20 UNDERTAKER Frank V. Cafferone

ADDRESS 1800 E 32nd

U. S.—WHITE PAPER, WITH CONTRIBUTOR. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09978

CERTIFICATE OF DEATH.

4th E 00978

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3924 Eastern ave St. 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Salitoff

(a) RESIDENCE NO. Canton Ohio St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Salitoff

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Schlimont

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Gertrude Leona

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Harry Shulman

(Address) 3924 Eastern ave

15 Filed APR 27 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16 1925, to April 26, 1926;

that I last saw h.. alive on April 26, 1926;

and that death occurred, on the date stated above, at 7 30a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Splenic flexture and Liver

(duration) yrs. 11 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of July 16 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical, operation

(Signed) R. G. Nicholson, M. D.

April 27, 1926 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cemetery Date of Burial 4-27-1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09979

CERTIFICATE OF DEATH.

90

E 09979

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2843 W. Lafayette Ave 16-3 Ward)

2-FULL NAME Jacob L. Holzer

(a) RESIDENCE NO. 2843 W. Lafayette Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cath. Bradley

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 030

(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

(c) Name of employer: B & O

9 BIRTHPLACE (city or town): Balto.

(State or country): Md. U.S.

PARENTS

10 NAME OF FATHER: Jacob Holzer

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Cath. Holzer

(Address): 2843 W. Lafayette

15 Filed....., 19..... Registrar

CHARLES J. KLUTH, M.D.

APR 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 19 26

17 I HEREBY CERTIFY That I attended deceased from June 1 19 25 to April 25 19 26, that I last saw him alive on April 26 19 26, and that death occurred, on the date stated above, at 4:15 his m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis degen

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. T. Lemmon M. D.

4/27 19 26 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial 4/28 19 26

20 UNDERTAKER: J. F. Bailey & Sons

ADDRESS: 1518 Light St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09980

CERTIFICATE OF DEATH.

84 09980

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 Eutaw Place (St.) (Ward) 142

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A. G. Moyer

(a) RESIDENCE NO. 1500 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs -- mos. -- ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE PHYSICIAN'S CERTIFICATE OF DEATH should be filled out in accordance with the following instructions. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced (for) HUSBAND of / WIFE of: ---

6 DATE OF BIRTH (month, day, and year): Nov. 25, 1858.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Medical Doctor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

054

9 BIRTHPLACE (city or town) (State or country): Easton, Pa.

PARENTS

10 NAME OF FATHER: Franklin Moyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Mary Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Katharine M. Philbin

(Address) 114 Hawthorn Road

15 Filed APR 7 1926 19 [illegible] HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1923 to April 25 1926, that I last saw h[e] alive on April 25 1926, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Coronary arteriosclerosis, thrombosis)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Symptoms (duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thos P. Hutchinson, M. D.

April 26, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery. DATE OF BURIAL: 4/26, 1926

20 UNDERTAKER: Henry W. Means & Son ADDRESS: 805 N Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09981 — 74-001 — E 00981

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1025 Sarah Ann St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Columbus Washington

(Residence in Baltimore: No.) 1025 Sarah Ann St. (If non-resident, give usual residence.) (10 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Feb — (Month) (Day) 1842 (Year)

7-AGE: 84 yrs. 2 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country): Va

PARENTS:

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Homezell Goode

(Address) 1025 Sarah Ann St

15- C. HAMPSON JONES, M.D. Registrar.

APR 27 1926

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, Apr 23rd 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest and autopsy (autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once (Duration) ... yrs. ... mos. ... ds

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds

(Signed) Jno. B. Horton M. D. (Coroner)

Apr 23rd 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: April 27 1926

20-UNDERTAKER: [illegible] ADDRESS: 916 Sarah

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09982

100-002

E 09982

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2438 Ettings St., 13-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Bradley

(a) RESIDENCE NO. 2438 Ettings St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1	19-	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nn

(b) General nature of industry, business, or establishment in which employed (or employer) nn

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

10 NAME OF FATHER Lee Bradley

PARENTS

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hertine Bradley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hertine Bradley

(Address) 2438 Ettings St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Broncl

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G H Gadd M. D.

(Coroner)

1926 (Address) Apr 26 1438 Brunt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial April 27 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HARRISON JONES M D

APR 27 1926

Pa

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09983

161-001 E 00983

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3024 Guilford Ave 12-3 Ward)

2-FULL NAME Baby Nagle

(a) RESIDENCE NO. 3024 Guilford Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 27th 1926.

7 AGE Years — Months — Days — IF LESS than 1 day 10 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Carl Rolan Nagle

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Irene Rittenhouse

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Weldon, North Carolina

14 Informant Carl Rolan Nagle

(Address) 3024 Guilford ave

15 Filed C. HAMPSON JONES, M. D. Registrar

R 27 1926 Per RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26th 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 26th 1926., to April 27th 1926., that I last saw him alive on April 26th 1926., and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Prematurity

(duration) ... yrs. ... mos. birth ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mns. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M Baker Wheeler, M. D.

4/27th 1926, (Address) 3006 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fallston Md Date of Burial 4/27 1926

20 UNDERTAKER J. C. Moran ADDRESS 3000 E. Baltimore

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09984

E 09984

CERTIFICATE OF DEATH.

45

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1533 N. Wolf St. 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Dennis

(Residence in Baltimore: No. 1533 N Wolf St.; 76 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Widow

6-DATE OF BIRTH, Sep 29, 1850 (Month) (Day) (Year)

7-AGE 75 yrs. 6 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Mr Carter

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Lamonia Whiteford

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gordon Dennis

(Address) 1533 N. Wolfe St.

15- C. HAMPSON JONES, M. D.

Filed..... 19..... Registrar.

APR 27 1926 Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 26, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1925, to Apr 26 1926, that I saw h/E/R alive on Apr 26 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

General Dropsia
after abdominal
Carcinoma

(Duration) X yrs. 7 mos. X ds.

CONTRIBUTORY (Secondary) Scirrhous Carcinoma of Pylorus

(Duration) 2 yrs. mos. ds.

(Signed) O H Decker M. D.

Apr 26, 1926 (Address) 1528 Mott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, April 29, 1926

20-UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

INSTRUCTIONS.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 09985

HEALTH DEPARTMENT—CITY OF BALTIMORE

101

E 09985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 12-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boyd Bennett

(a) RESIDENCE NO. 327 Wyman Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893 June 1

7 AGE 32 Years 10 Months 12 Days If LESS than 1 day, ... hrs or ..... min.

33 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer) For Jobing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm G. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Baltimore City Hospitals (Address) Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1926, to April 25, 1926, that I last saw him alive on April 25, 1926, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia ?

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) [redacted] Miller M. D.

4/26 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broadway Va. DATE OF BURIAL April 28 26

20 UNDERTAKER Leo G. Cook ADDRESS 1723 Pratt St

R 2 7 1926

C. HARRISON JONES, M. D.

6.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE MUST NOT BE FOLDED. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09986

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. [illegible] WARD)

2-FULL NAME Joseph Robinson

(a) RESIDENCE NO. Sharon Point Md ST. ..... WARD .....
(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 days How long in U. S. if of foreign birth? ..... yrs. 2 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ella Bertha Robinson

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE — Years 25 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Bethlehem Steel Co Sparrows Pt. Md

9 BIRTHPLACE (city or town) Boreland Co
(State or country) Virginia

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country) Boreland Co

12 MAIDEN NAME OF MOTHER Margret Robinson

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country) Boreland Co

14 Informant Ella Robinson
(Address) Sparrows Pt. Md

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24th 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 17th 1926. to April 24th 1926.
that I last saw him alive on April 24th 1926.
and that death occurred, on the date stated above, at 8:30 p.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) D. N. Thomas, M. D.

April 26 1926 (Address) 1012 Sat Sparrows Pt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sabot Va — DATE OF BURIAL APRIL 27, 1926

20 UNDERTAKER John F Denny — ADDRESS N 5 Light St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09987

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. SYDENHAM HOSPITAL ST., 43 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Morris

(a) RESIDENCE NO. 929 Homestead St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Clarence Morris

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Viola Lance

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mrs. Clarence Morris
(Address) 929 Homestead St

15 Filed G. HAMPSON JONES, M. D.
Per Registrar

R 2 7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to April 27, 1926, that I last saw h[illegible] alive on April 27, 1926, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 4/26/26

Was there an autopsy? No

What test confirmed diagnosis? Positive Wright Culture

(Signed) Myron G. Tull, M. D.

4/27, 1926 Address City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Lot [illegible] DATE OF BURIAL 1926

20 UNDERTAKER William Cook & Co ADDRESS E Balto

IMPORTANT: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09988

CERTIFICATE OF DEATH.

9 E 09988

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Wash Blvd ST. 25-1 WARD)

2-FULL NAME Geo Calvin ~~Harrison~~ Harrison

(a) RESIDENCE No. 2400 Washington Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	1	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Roswell Park
(State or country) Buffalo

PARENTS

10 NAME OF FATHER Geo W Harrison

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Margaret J. Hatfield

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Carroll Co Md.

14 Informant Geo W Harrison
(Address) 2400 Washington Blvd

15 Filed APR 28 1926 C. HAMPSON JONES, M. D. Registrar
Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 21, 1926, to Apr 27, 1926,

that I last saw him alive on Apr 27, 1926,

and that death occurred, on the date stated above, at 8-11 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

Broncho Pneumonia

(duration) yrs. mos 1 wk 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos B Hall, M. D.

, 19 (Address) Hazelhurst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
(Firm) Loudon Park M. Gdns	Apr 27 1926
20 UNDERTAKER	ADDRESS
Easton Sons	Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-27—500 T—1500 Bkd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 09989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll Smith

(a) RESIDENCE NO. 2113 Broad ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months: 8 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address) Records —

15 Filed APR 28 1926, 19

E. LAWSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1926

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to April 23, 1926, that I last saw him alive on April 23, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho pneumonia

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Organic syphilis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? 20 W. Lafayette St

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Alexander Schaffer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09990

CERTIFICATE OF DEATH.

E 09990

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5-1 STREET WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Shaw

(a) RESIDENCE NO. 25-0 E. Fayette St ST. Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): W

5a If married, widowed, or divorced: (HUSBAND of) (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 38 yrs. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED: Laborer

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER Nelson Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Serrulta

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rhonda (Address) 10:33

15 Filed APR 28 1926 H. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25-1926

17 I HEREBY CERTIFY, That I attended deceased from April 21 .1926. to April 25-1926.

that I last saw h living on April 25- .1926.

and that death occurred, on the date stated above, at 10 ~~AM~~ P.M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinic

(Signed) L Louis Lucas, M. D.

.19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

Field Body at J.S.H.H. morgue

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 09991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2610 Overland av (ST.) 27-12 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Barbara. Barbara. Gaver.

(a) RESIDENCE NO. 2610 Overland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —— yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6 DATE OF BIRTH (month, day, and year): April 23/26

7 AGE: Years —— Months —— Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph. O. Gaver.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Middleton Md.

12 MAIDEN NAME OF MOTHER: Lilyan Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

14 Informant: Joseph. O. Gaver.

(Address): 2610 Overland av

Filed APR 28 1926 HARRISON JONES, M. D. Registrar

By RK

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23. 1926. to April 28. 1926.

that I last saw her alive on April 27. 1926.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Premature Birth (7 months)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Cosby M. D.

April 28 1926 (Address) 1218 Harford Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reformed Cemetery Middleton Md. DATE OF BURIAL: April 28 1926

20 UNDERTAKER: George L. Rutt ADDRESS: 1735 Harford Ave

Spec.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH E 09992 REGISTERED NO. E 09992

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 119 S. High St., 3-1 Ward)

2-FULL NAME Ray Formansky

(a) RESIDENCE NO. 119 S. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Sept 16, 1916

7 AGE: Years 9 | Months 7 | Days 11 | IF LESS than 1 day..... hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Jacob Formansky

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Harris

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Jacob Formansky

(Address) 119 S. High St.

Filed 19

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27th 19 26

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1926, to Apr 27, 1926, that I last saw him alive on Apr 27, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Mitral stenosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kader, M. D.

19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Work Road — Date of Burial 4-28-1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1429 E. Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 28 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09993 E 09993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Katz

(a) RESIDENCE NO. 1746 Ashland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 3, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry Katz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Brlis —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Katz
(Address) 1746 Ashland Ave.

15 Filed APR 28 1926 H.A. [illegible] Registrar
Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 27, 1926, that I last saw h[illegible] alive on April 27, 1926, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of [redacted], 1926

Was there an autopsy? No

What test confirmed diagnosis? X-Ray - throat culture

(Signed) Arthur A Caplan M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 4-28-1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1139 E. Baltimore St.

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 09994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09994

CERTIFICATE OF DEATH.

100-09

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Fayette and Dukeland ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Smith

(a) RESIDENCE NO. 2676 Dulaney ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E Smith

6 DATE OF BIRTH (month, day, and year) May 10 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Richard L Hardwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Fischel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William E Smith

(Address) 2676 Dulaney St

15 Filed APR 28 1926, 19 ... Per ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/23 .1926. to 4/25 .1926.

that I last saw her alive on 4/25 .1926.

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos 1 4 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) R. Farber, M. D.

, 19 (Address) N. B. G. Lt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stones Run — DATE OF BURIAL April 27 19 26

20 UNDERTAKER Harry A Welsh — ADDRESS Ellicott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09995

CERTIFICATE OF DEATH.

90 E 09995

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 11-1 WARD)

2-FULL NAME Bessie Miller

(a) RESIDENCE NO. 1414 W Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elijah Miller

6 DATE OF BIRTH (month, day, and year): April 22 - 1885

7 AGE: Years 41 | Months 31 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Elijah Miller (Address) 1414 W Preston St

15 Filed , 19 . Registrar

C. CLARKSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 19 26

17

I HEREBY CERTIFY, That I attended deceased from April 23, 19 26 to April 27, 19 26.

that I last saw her alive on April 27, 19 26

and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(duration) yrs. mos 2 1 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical signs

(Signed) N. B. Gonzales, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greensboro N.C. DATE OF BURIAL: 4-28 19 26

20 UNDERTAKER: Samuel H Smedley ADDRESS Mt Ellis

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AIR-O-TEX

Sp. — 1 — 50 Bks.

E 09996

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 09996

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 21-3 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Allen.

(a) RESIDENCE NO. 5340 West St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE Years: 52 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Wright

(Address): 1417 Hamburg

15 Date Received: APR 28 1926

C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 20 . 19 26 . to April 25 . 19 26 .

that I last saw h alive on April 25 . 19 26

and that death occurred, on the date stated above, at 4.30 A.M. p.m.

The CAUSE OF DEATH* was as follows:

Abscess Lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Jones Autopsy M. D.

Apr 28 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 4/28 19 26

20 UNDERTAKER: Samuel H Buckley

ADDRESS: Mt Belle

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Huston.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09997

CERTIFICATE OF DEATH.

31 E 09997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9309 N. Howard St. 11-2 WARD)

2-FULL NAME Samuel Huston

(a) RESIDENCE NO 9309 N. Howard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mamie Huston

6 DATE OF BIRTH (month, day, and year): 3/8/1878

7 AGE: Years 56; Months 1; Days 18; If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Surveyor

(b) General nature of industry, business, or establishment in which employed (or employer): Cutting Tone

(c) Name of employer: Mc Manus

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Sam. Huston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ark

12 MAIDEN NAME OF MOTHER: Julia Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mamie Huston 9309 N. Howard St

15 Filed APR 28 1934 HAMPSON JONES, M. D. Registrar

By ..... Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 1934 to April 26th, 1934

that I last saw he alive on April 24th 1934

and that death occurred, on the date stated above, at 7:40 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Pul Tuberculosis

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ehrlich, M. D.

19 (Address) 924 Mosher Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Lan

DATE OF BURIAL: 4/28/34

UNDERTAKER: Samuel Hindley

ADDRESS: 5 E Lafa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 09998

REGISTERED NO. E 09998

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-2 Ward)

2-FULL NAME Mrs Etta McRoy.

(a) RESIDENCE NO. Bel Air Md. St., Ward Bel Air. Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? 43 yrs. 6 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Oct 3, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bel Air Md.

PARENTS

10 NAME OF FATHER: John L. McRoy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Anna Gillispie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Etta McRoy.
(Address): Bel Air. Md.

15 Filed APR 28 1926 19 G. HAMPSON JONES, M. D. Registrar
P.M. KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-26-1926.

17 I HEREBY CERTIFY, That I attended deceased from 4-18-, 1926, to 4-26, 1926.

that I last saw her alive on 4-26, 1926.

and that death occurred, on the date stated above, at 7 40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystolites

(duration) 3(?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Severe Cellulites Abd. Wall

Toxemia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 4-20-26.

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Jno A. Young M. D.

, 19 (Address) Bel Air Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion. Harford Co. Md.

DATE OF BURIAL: April 28 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 09999

CERTIFICATE OF DEATH.

E 09999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 16-3 Ward)

2-FULL NAME Charles E Stewart

(a) RESIDENCE NO. 1115 W Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Sing'l

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 15 - 1918

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balt City

(State or country) Md

PARENTS

10 NAME OF FATHER Charles E Stewart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Stallard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Chas E. Stewart

(Address) 1115 W Pratt St

C. HANSON JONES, M. D.

Filed ..... 19 ..... Registrar

For .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel J Fisher M. D.

(Coroner)

, 1926 (Address) 3325 Pall Pl a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Apl 29 1926

ADDRESS

20 UNDERTAKER John J Fields 1200 W Fayette St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

APR 28 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90335 — E 10000 — 38 E 10000

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) (St. 14-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Harcum

(a) RESIDENCE NO. 626 Lafayette St. Ward Balto Md

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — 1926

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7 mos.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Balto md

PARENTS

10 NAME OF FATHER Archer Harcum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address)

15 Filed APR 28 1926 HAMPSON JONES, M. D. Registrar

For P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1924

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1924 to April 24, 1924.

that I last saw her alive on April 24, 1924.

and that death occurred, on the date stated above, at 2 27 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(duration) yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? 626 Lafayette St.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Thos McConnell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery.

DATE OF BURIAL April 29 1926

20 UNDERTAKER Dennis Geo N. Dennis Rep T. B. Kelam

ADDRESS 1303 Druid Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-2I—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10001 — CERTIFICATE OF DEATH. — **E 10001**

100-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3145 Ravenswood ST. 8-1 WARD)

2-FULL NAME Lester Earl Ayers

(a) RESIDENCE NO. 3145 Ravenswood ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Feb. 4th, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... gd

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Lester L. Ayers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Edna Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lester L. Ayers

(Address) 3145 Ravenswood

Filed APR 28 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1926 to Apr 26, 1926, that I last saw him alive on Apr 26, 1926, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

..... (duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. Donally, M. D.

, 19 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Cemetery — DATE OF BURIAL: 4/28 1926

20 UNDERTAKER: E. V. Fanning & Son - 1460 — ADDRESS: Battery Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10002

CERTIFICATE OF DEATH.

32 E 10002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hosp ST., 3 WARD)

2-FULL NAME William Schaeffer.

(a) RESIDENCE NO. 700 N Montford Ave. ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 7/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Walter G. Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes A. Hanlon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Walter G. Schaefer (Address) 700 N. montford Ave

15 Filed APR 28 1928 L. M. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Mar 31, 19 26, to April 27 19 26.

that I last saw h in alive on April 27, 19 26.

and that death occurred, on the date stated above, at 6 30 Pm.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 0 ds.

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James W. Nelson, M. D.

19 (Address) 1213 Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

DATE OF BURIAL Apr 29 19 26

20 UNDERTAKER Philip Herring

ADDRESS 3016 Orleans St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10003

1-PLACE OF DEATH

31 E 10003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 155 N. Milton Ave ST. 6-3 WARD)

2-FULL NAME Louis Henry FREESEMANN.

(a) RESIDENCE No. 155 N. Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 22. 1881

7 AGE — Years: 44 Months: 9 Days: 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper 008

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 2 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jacob A. Freesemann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Johanna Westphall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Rica Freesemann

(Address): 155 N. Milton Ave.

15 Filed APR 28 1926 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 25, 1926, that I last saw him alive on April 24, 1926 and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. L. Cassard M. D.

4. 27. 26. 19 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: April 29 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Pleasant St.

Cor.—12-9-25—A Co.—200 Bks.

Stalter

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 10004

CERTIFICATE OF DEATH.

REGISTERED NO. E 10004

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 620 S Bond St. 3-4 Ward)

2-FULL NAME Ella H. Stalter

(a) RESIDENCE NO. 620 S Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Stalter

6 DATE OF BIRTH (month, day, and year) March 1 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer at home

9 BIRTHPLACE (city or town)

(State or country) Balto Cty

PARENTS

10 NAME OF FATHER Wm Hamillon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant John J Stalter

(Address) 620 S Bond St

Filed APR 28 1926 THOMPSON JONES, M. D. Registrar

Per R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. ....mos. 10 ds.

(Signed) James M Benton M. D.

(Coroner)

4/27 1926 (Address) 709 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — Date of Burial April 29 1926

20 UNDERTAKER Henry Sender & Sons Inc — ADDRESS 1710 Fleet St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10005

CERTIFICATE OF DEATH.

E 10005

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1554 Bruce st ST.) 15-13 (WARD)

2-FULL NAME Jane Wright.

(a) RESIDENCE. NO. 1554 Bruce st ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 28 1926

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct. 20. 1869

7 AGE — Years: 56 — Months: 6 — Days: 3 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housservant 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md

PARENTS

10 NAME OF FATHER: Gideon Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md

12 MAIDEN NAME OF MOTHER: Peggy Buddman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co. Md

14 Informant: Lulu Collins (niece)
(Address): 1554 Bruce St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1926, to Apr 24, 1926, that I last saw h[illegible] alive on Apl 24, 1926, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Influenza pneumonia
acute.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Jno F. Anthony, M. D.

19 (Address) 1629 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Apl 28/26

20 UNDERTAKER: Noel Foster

ADDRESS: 916 Park

Spec.—12-9-25—A Co.—200 Bks.

Emma L Towson

E 10006

HEALTH DEPARTMENT—CITY OF BALTIMORE

1129 E 10006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1935 Lemmon St. 20-5 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L Towson

(a) RESIDENCE NO 1935 Lemmon St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Towson

6 DATE OF BIRTH (month, day, and year): May 27 1858

7 AGE: 67 Years | Months: 11 | Days: — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 6 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Richard Wells

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Isabel Hamilton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Roland Towson

(Address): 1935 Lemmon

Filed APR 28 1926 H. EARLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23 1926, to April 27, 1926, that I last saw her alive on April 27, 1926 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms

(Signed) Charles Reese, M. D.

April 28, 1926. (Address) 57 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: April 30, 26.

20 UNDERTAKER: Chas. W. Dill. ADDRESS 3109 Frederick Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Szylega

Spec.—1-10-21 M&T 1500 Bks.

E 10007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (St.) (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Szylega

(a) RESIDENCE NO. 8105 Lord St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jan 3 1890

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
36	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Next Friends (Address)

15 Filed APR 28 1926 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1926, to April 27, 1926, that I last saw him alive on April 27, 1926, and that death occurred, on the date stated above, at 1201 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Terminal Hemorrhage

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. D. McFarland M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL April 27 1926

20 UNDERTAKER J. H. Ozdzewski ADDRESS 1930 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10008

CERTIFICATE OF DEATH.

2544 73 **E 10008**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Pretsch

(a) RESIDENCE NO. 3408 Wilkens Ave ST., 20 d WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? ——— yrs. ——— mos. ——— ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1874

7 AGE — Years: 51 — Months: 5 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supervisor of Bldg Painting

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B. & O. R.R. 0/3

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Albert Pretsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-26 1926 to 4-27 1926,

that I last saw him alive on 4-27 1926,

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Acute encephalitis

Ascending paralysis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Date of

Was there an autopsy? yes autopsy.

What test confirmed diagnosis?

(Signed) Fernando R. Dechio M. D.

19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant: Mary E. Pretsch (Address) 3408 Wilkens Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL April 30 1926

15 Filed APR 28 1926 19 Per C. HAMPSON JONES, M. D.

UNDERTAKER: L. B. Wiseheart ADDRESS 1850 W Baltimore St

Revised

Spec.—1-10-21—M&T—1500 Bks.

E 10009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10009

CERTIFICATE OF DEATH.

74-007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S Duncan ST., 1st WARD)

2-FULL NAME Mary Dannenmann

(a) RESIDENCE NO. 217 S Duncan ST., 1st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? 58 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John Dannenmann

6 DATE OF BIRTH (month, day, and year): [illegible] 1868

7 AGE — Years: 58 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Michael Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Trautner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr John Dannenmann

(Address) 217 S Duncan St

15 [illegible] 19 [illegible]

C. HAMPSON JONES, M. D.

Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to April 26 1926,

that I last saw her alive on April 26, 1926

and that death occurred, on the date stated above, at 7:55 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Cerebral Hemorrhage)

(duration) yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): Cystitis - Pelonitis

(duration) [illegible] yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry B. Kelly, M. D.

4/27, 1926 (Address) 2504 W. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: April 29 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

APR 28 1926

WARNING—RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ACCURATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 10010

CERTIFICATE OF DEATH.

E 10010

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Unknown St., 9-1 Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. Found in Sewer at Westerwald & 34th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years ___ Months ___ Days About 1 Day. IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ Child

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant

(Address) C. HAMPSON JONES, M. D.

15 Filed Apr 28 1926 Per 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) About April 15 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found Dead

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) [illegible] M. D. (Coroner)

4/27. 1926 (Address) 3032 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

from Northern Police Station

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10011

E 10011

38

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., 19-1 WARD)

BALTIMORE CITY HOSPITALS

2-FULL NAME William Perry

(a) RESIDENCE NO. 507 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
49 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville, Md.

PARENTS

10 NAME OF FATHER John Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriet Tyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed 19 C. HAMPSON JONES, M. D.

Per Registrar

R 28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to April 25, 1926, that I last saw him alive on April 25, 1926, and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH* was as follows:

Syphilitic Aortitis

Aortic Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Watkins M. D.

4/26/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10012

CERTIFICATE OF DEATH.

101-001

E 10012

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITAL St. 16-b WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Watson

(a) RESIDENCE NO. 1420 Mosher ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: Years 65 yr. | Months | Days | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1926, to April 24, 1926, that I last saw ~~him~~ alive on April 24, 1926, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) lobar pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. Lindsay Miller, M. D.

4/25/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

R 28 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10013

E 10013

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1958 Walbrook Ave. WARD) 15-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie A. C. Respess

(a) RESIDENCE NO. 2222 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: /

6 DATE OF BIRTH (month, day, and year): Mar 6. 1906

7 AGE — Years: 20 — Months: 1 — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): H. Duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Walter B. Respess

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Matilda C. Connorton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fauquier Va.

14 Informant: Homer M. Respess

(Address) 2222 N. Monroe St

15 2 8 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 27 19 26

17 I HEREBY CERTIFY, That I attended deceased from DEC 15 19 24 to April 27 19 26

that I last saw alive on April 26 19 26

and that death occurred, on the date stated above, at 2. A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary): Pulmonary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2222 N. Monroe

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) L. Bunton Hause M. D.

4/28/26 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Apr 27 19 26

20 UNDERTAKER: Mr & Mrs. John N. Teufel & Son — ADDRESS: 601 N. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10014

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph Hospital St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna A. Bell

(a) RESIDENCE NO. 22 N. Kenwood Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. P. Bell

6 DATE OF BIRTH (month, day, and year) Feb 5/1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamtress

(b) General nature of industry, business, or establishment in which employed (or employer) O'Neill & Co

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Richard G. Bradyhouse

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annie H. Nolte

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Balto. Md

14 Informant Richard G. Bradyhouse Jr.

(Address) 2940 Winchester St

4/28 1926 C. HAMPSON JONES, M. D.

Per_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd & 3rd degree burns over almost entire body. Clothes accidentally caught fire from gas range while removing boiler from range.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Carter M. D.

(Coroner)

4/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem Date of Burial Apr 30 1926.

20 UNDERTAKER Mrs Mrs. John W. Teufel & Son ADDRESS 801 N Fayette

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 10015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10015

CERTIFICATE OF DEATH. 11-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 1045 Roland Heights Ave. St.) (Ward 27-6)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Atha Arthur

(a) RESIDENCE NO. 1045 Roland Heights Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin J. Arthur

6 DATE OF BIRTH (month, day, and year): July 20-1868

7 AGE — Years: 57 — Months: 9 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): McConnelsville

(State or country): Ohio

PARENTS

10 NAME OF FATHER: James Curry

11 BIRTHPLACE OF FATHER (city or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Lacy Van Cleft

13 BIRTHPLACE OF MOTHER (city or town): Ohio

(State or country)

14 Informant: Martin J. Arthur

(Address): 1045 Roland Heights Ave

C. HAMPSON JONES, M. D.

Registrar

Per

R 2 8 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1926, to April 26, 1926, that I last saw h.e.r. alive on April 26, 1926 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis with Uremic Intoxication

(duration) .....yrs. 2 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. H. Machin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial: April 29 1926

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 361 Falls Road

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 10016

CERTIFICATE OF DEATH.

E 10016

1-PLACE OF DEATH

City of BALTIMORE: (No. 2316 Guilford Ave. Ward) Guilford 12-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Sindell

(a) RESIDENCE NO. 2316 Guilford Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maxwell Sindell

6 DATE OF BIRTH (month, day, and year): June 5 1869

7 AGE: Years 57 Months 3 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Chestertown

(State or country): Md.

PARENTS

10 NAME OF FATHER: James E Morgan

11 BIRTHPLACE OF FATHER (city or town): Chestertown Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Hannah Morgan

13 BIRTHPLACE OF MOTHER (city or town): Chestertown Md.

(State or country)

14 Informant: Estella Hance.

(Address) 2316 Guilford Ave.

15 Filed....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to April 26, 1926.

that I last saw h.e. alive on April 23 1926.

and that death occurred, on the date stated above, at 1 A. m.,

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Constipation and Gastritis (duration) yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Gus P Hall, M. D.

, 19 (Address) 1426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BERIAL, CREMATION OR REMOVAL: Chestertown Md. Date of Burial April 29 26

20 UNDERTAKER: Mrs. R. G. Ellicott ADDRESS 172 Eastland Ave.

APR 28 1926

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10017 **E 10017**

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shelton Baker

(a) RESIDENCE NO. 1205 Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) ~~or Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-23 1920

7 AGE Years 6 Months Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John H. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Pattie Warmack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Pattie Baker (Address) 1205 Park ave

15 Filed C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-25, 1926, to 4-27, 1926

that I last saw h[illegible] alive on 4-27, 1926

and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (acute)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) F. F. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Edwood Va | DATE OF BURIAL Apr 28 1926

20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1725 Ashland ave.

APR 28 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10018

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1613 Friendsbury (St.) 15-12 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Dorant

(a) RESIDENCE. NO. 1613 Friendsbury ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scranton Penna.

PARENTS

10 NAME OF FATHER William Dorau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Corrigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John Sands, 1613 Friendsbury St.

Filed APR 28 1926 C. HAMPSON JONES, M. D. Registrar

By AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1926 to April 27, 1926

that I last saw h[illegible] alive on April 27, 1926.

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 44 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: April 29 1926

20 UNDERTAKER: Robt J. Timon Inc

ADDRESS: N. Howard

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10019

CERTIFICATE OF DEATH.

49 **E 10019**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 N Carey St., 18-1 Ward)

2-FULL NAME William H Pearre

(a) RESIDENCE NO. 523 N Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Lavinia L Pearre

6 DATE OF BIRTH (month, day, and year): Sept 22-1885

7 AGE: Years 40 | Months 7 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Frederick Md

PARENTS

10 NAME OF FATHER James H. Pearre

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Victoria Howard

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant (Address) Lavinia L Pearre 523 N Carey St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from 5 April 1926, to 26 April 1926, that I last saw h.... alive on 25 April 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Coroners Inquest

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm Fellows, M. D.

, 19 (Address) 1104 Cary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial April 29 26

20 UNDERTAKER: Robt J Turner ADDRESS 917 N Broadway

28 1926

C. HERBERT JONES, M. D.

Registrar

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10020 — CERTIFICATE OF DEATH. 24 X — E 10020

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F. Ott.

(a) RESIDENCE No. Smithsburg Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of ~~Ott~~ Lilly Ott

6 DATE OF BIRTH (month, day, and year) July 22nd 1894

7 AGE: Years 34 | Months 9 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer): Superintendent - Packing House

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Waynesboro Pa

PARENTS

10 NAME OF FATHER: Frank Ott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Waynesboro Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Shiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Waynesboro Pa

14 Informant: Hospital records (Address)

15 APR 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) (Apr) 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 22nd, 1926, to Apr 28, 1926,

that I last saw him alive on April 28th, 1926,

and that death occurred, on the date stated above, at 3.05 P m.

The CAUSE OF DEATH* was as follows:

Epidemic cerebro-spinal Meningitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture - Bacteriology

(Signed) Charles O'Donovan Jr., M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waynesboro Pa | DATE OF BURIAL: April 29 1926

20 UNDERTAKER: Geo. W. Little | ADDRESS: 2700 Edmondson Ave

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E... of the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10021

E 10021

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Genl Hosp St., 11-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Baker

(a) RESIDENCE NO. Lewistown Pa St. Ward

(Usual place of abode) about 2 hours (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. W. M. Baker.

6 DATE OF BIRTH (month, day, and year) March 1869.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa

PARENTS

10 NAME OF FATHER Ingram

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Baker

(Address) Sparrows Point

15 Date APR 28 1926 C. HAMPSON JONES, M. D.

By RCA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Diffused Nephritis

(Duration) yrs. mos. 1 Hrs.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

Signed C C Grader M. D.

(Coroner)

(Address) apr 26 26 1437 61 Bonus

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lewistown Pa Date of Burial Apr 30 1926

20 UNDERTAKER Harry H Wiegle ADDRESS 1531 W Fayette St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28 1926

Spec.—1-12-23—M&T—500 Blks.

E 10022 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10022

CERTIFICATE OF DEATH.

58-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 63 S Euclid Ave Linden Park ST. 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Earle

(a) RESIDENCE No. 63 S Euclid Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas Earle

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Miss Lilly Earle

(Address) 63 S Euclid Ave

Filed APR 28 1926 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 2 1926 to April 26 1926.

that I last saw h alive on April 25 1926,

and that death occurred, on the date stated above, at 2-30 a m.

The CAUSE OF DEATH* was as follows:

Anemia.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Gastric ulcer

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis Gastric ulcer Blood

(Signed) [illegible] M. D.

4/28, 1926 (Address) 704 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL April 29 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W North Ave

NO.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10023

CERTIFICATE OF DEATH.

159-001 **E 10023**

1-PLACE OF DEATH

City of BALTIMORE: (No. 2720 Bernard Street St., 12-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis A. Bowen, Jr.

(a) RESIDENCE NO. 2720 Bernard Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
Feb. 26, 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Lewis A. Bowen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Bulah Trimble

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

14 Informant Lewis A. Bowen,
(Address) 2720 Bernard Street

15 Filed C. HAMPSON JONES, M. D.
Registrar
2 8 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
April 28, 1926

17:
I HEREBY CERTIFY, That I attended deceased from Feb 26 19 26, to April 28 19 26,
that I last saw h[illegible] alive on April 27th 19 26.
and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:
Cerebrospinal meningitis
(non specific)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Streptococcus Viridans Septicemia

Cephalus (duration) yrs. 2 mos. ds.

18 Where was disease contracted
If not at place of death!
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) W. G. Lillich, M. D.
Apr. 28 26 (Address) 1531 Union Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — Date of Burial Apr 29, 1926

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10024

CERTIFICATE OF DEATH.

100-01

E 10024

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 14-2 WARD)

2-FULL NAME (Otho) Otto Showman

(a) RESIDENCE NO. 1725 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Nov 2. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	67 yr.	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alfred —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 4 28 1926, 19 6 PM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925 to April 27, 1926.

that I last saw him alive on April 27, 1926.

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory + Clinical

(Signed) W Lindsay Watkins, M. D.

4/28/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown, Md DATE OF BURIAL Apr 29 1926

20 UNDERTAKER Wm Cook ADDRESS 532 E Lombard

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 2 8 1926

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10025

CERTIFICATE OF DEATH.

31 E 10025

1-PLACE OF DEATH

City of BALTIMORE: (No. Kate & Garrison Ave St., 24-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt L Lampkin

(a) RESIDENCE NO. 107 E Hamburg Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rena Lampkin

6 DATE OF BIRTH (month, day, and year): Feb. 18. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town):

(State or country): Va

PARENTS

10 NAME OF FATHER: Francis Lampkin

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Phoebe Norris

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Rena Lampkin

(Address): 107 East Hamburg St

15 Filed....., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmon Tuber,

(Duration) 1 yr mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) G E Wades M. D.

(Coroner)

(Address) Apr 27 26 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem Date of Burial Apr 29 1926

20 UNDERTAKER: W. M. Cook ADDRESS 502 E Hamburg

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 8 1926

Spec.—12-9-25—A Co.—200 Bks.

E 10026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10026

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 515 Collins Ave. St., 20-1 Ward)

2-FULL NAME Willard E Hagan

(a) RESIDENCE NO. 515 Collins Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 1. 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Willard E Hagan

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Md

12 MAIDEN NAME OF MOTHER: Pearl E Mason

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Md

14 Informant: Willard E Hagan

(Address): 515 Collins Ave.

15 Filed _____, 19 _____ CLEMENSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 27, 1926, to Apr. 27, 1926, that I last saw h.... alive on Apr. 27, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 18 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Walter Stowell, M. D.

1926 (Address) 340 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial Apr 29 1926

20 UNDERTAKER: Wm Cook ADDRESS 502 E Hoffman

28 1926

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10027

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Patapsco ex. Up. Chemical Co

CITY OF BALTIMORE: (No.) East Brooklyn ST., 7 WARD 11

2-FULL NAME Sophia C Slaughter

(a) RESIDENCE NO. Patapsco ex Up Chem Co. East Brooklyn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm P. Slaughter

6 DATE OF BIRTH (month, day, and year) May 3 1845

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
80	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Strifler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Dail

(Address) East Brooklyn

15 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 10 1926. to Apr. 26 1926.

that I last saw h[illegible] alive on Apr. 24 1926.

and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH* was as follows:

Infuentia Pneumonia

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Dilated Heart

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E Hutzler M. D.

19 (Address) 1340 S Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Apr 29 1926

UNDERTAKER W B Cook

ADDRESS 1 E Fayette

MAR 28 1926

THIS IS PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10028

CERTIFICATE OF DEATH.

31 E 10028

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Carrollton Ave ST. 18-2 WARD)

2-FULL NAME Josiah H. McClotton

(a) RESIDENCE NO. 113 N. Carrollton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 26 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buckstown Md

PARENTS

10 NAME OF FATHER Lewis McClotton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rosa McClotton (Address) 113 N. Carrollton Ave

15 Filed APR 29 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1926, to April 26, 1926, that I last saw him alive on April 26, 1926, and that death occurred, on the date stated above, at 11.45 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

Tuberculosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 5 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr GW Kennard M. D.

4-27 1926 (Address) 708 Fulton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pt. Auburn	4-29, 1926
20 UNDERTAKER	ADDRESS, 027
John H. Coates	Carrollton Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 10029 — Registered No. E 10029

City of BALTIMORE: (No. 2607 Bernard St — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Chalk

(Residence in Baltimore: No. 2607 Bernard St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, yes ~~Married~~, ~~Widowed~~, or Divorced, — (Write the word.)

6-DATE OF BIRTH: May 19 (Month) 1925 (Day) (Year)

7-AGE: yrs. 11 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Robert Chalk

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Viola Cooper

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Chalk

(Address) 2607 Berand St

15- APR 29 1926 — C. HAMPSON JONES, M. D.

Per RK — Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Apl 28 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] Coroner M. D.

4/28 1926 (Address) 2622 Nolan Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Cemetery — DATE OF BURIAL: Apl 29 1926

20-UNDERTAKER: Chenoweth Son — ADDRESS 3417 Chestnut Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10030

CERTIFICATE OF DEATH.

101-001.

E 10030

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Street) 10-9 (Ward)

2-FULL NAME Tony Cocho

(a) RESIDENCE No. 5 Avenue . Shell Road, Maryland WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Tony Cocho

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Martin Bantin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Father: Tony Cocho

(Address)

15 Filed APR 29 1926 19 HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/23- , 1926 , to 4-27 , 1926.

that I last saw him alive on 4/27/26 , 1926.

and that death occurred, on the date stated above, at 8 15 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dil

(duration) yrs. mos. 3 Mos ds.

18 Where was disease contracted if not at place of death? At work

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Independent Cem. DATE OF BURIAL April 29 '26

20 UNDERTAKER John Grabliauskas ADDRESS 425 S. Hoa St

Method should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

1926-47

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10031

CERTIFICATE OF DEATH.

X 1-001

E 10031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carol Myers

(a) RESIDENCE NO. Loudey Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	14			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Andrew Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Pearl White (Address) 626 N Bethel St

15 Filed APR 29 1926

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 12 1926. to April 26 1926.

that I last saw h alive on April 26 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Loudey Md

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Dr. E. Charles Eudrus, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudey Md — DATE OF BURIAL: May 30, 1926

20 UNDERTAKER: Dean & Foster — ADDRESS: Bel Air Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Names should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10032

CERTIFICATE OF DEATH.

113 E 10032

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Gilmor St. 16-6 WARD)

2-FULL NAME Thos. Nelson.

(a) RESIDENCE NO. 1115 Gilmor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 3 1925

7 AGE: Years 1 | Months 1 | Days 25 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sergeant USMC

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Frank Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: Mrs Mary Nelson

(Address) 1115 N Gilmor St

15 Filed APR 29 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-12, 1926, to 4-26, 1926,

that I last saw h[illegible] alive on 4-25, 1926,

and that death occurred, on the date stated above, at 5 PM

The CAUSE OF DEATH* was as follows:

Rickets - Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis L Kelly, M. D.

Apr. 26 1926 (Address) 113 W Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel DATE OF BURIAL: Apr 30 1926

20 UNDERTAKER: Harmon Eldridge ADDRESS: 1164 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 8-24-14—M. & T.—2000 Bks.

E 10033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10033

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Dolphin ST. 17-F WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Cooper

(Residence in Baltimore: No. 729 Dolphin St— St.; 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, unknown (Month) 1 (Day) (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic 10
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Centerville Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Hammond

(Address) 729 Dolphin St.

15- Apr 29 1926 C. HAMPSON JONES, M. D.

Filed ..., 191.. Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April - 27 - (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 6 1926, to Apr 27 1926, that I saw her alive on Apr 27 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

probably Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J B Hughes M. D.

Apr 28 1926 (Address) 1443 S. Hill St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, April 30, 1926

20-UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Dr Burbert 1100 W. Lafayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 10034

CERTIFICATE OF DEATH.

E 10034

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2534 Francis St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Rice

(a) RESIDENCE NO. 2534 Francis St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin F Rice

6 DATE OF BIRTH (month, day, and year): May 1, 1853

7 AGE: Years 72 | Months 11 | Days 25 26 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town): Phila

(State or country): Pa

PARENTS

10 NAME OF FATHER: Patrick Hughes

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary O'Neil

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Blanche Rice

(Address): 2534 Francis St

15 Filed ....., 19.....

C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 18th 1926, to April 26, 1926, that I last saw her alive on April 26, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles H. Burbert, M. D.

19 (Address) 1100 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hen Calvary

Date of Burial: Apr 30 1926

20 UNDERTAKER: J. M. Cook

ADDRESS: 502 E Madison

Do not abbreviate or use ditto marks. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10035 CERTIFICATE OF DEATH. 38 E 10035

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [illegible] ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Heathery

(a) RESIDENCE No. 1125 Gorsuch Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 71 | Months | Days | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 026

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: James Heathery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Texas

12 MAIDEN NAME OF MOTHER: Francis Heathery

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Texas

14 Informant: Baltimore City Hospitals

(Address)

15 Filed APR 28 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 26, 1926, that I last saw him alive on April 26, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Pyelonephritis (history)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

4/28/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bauchmans

DATE OF BURIAL: 4/30 1926

20 UNDERTAKER: Cook

ADDRESS: 502 E Mulb

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10036

CERTIFICATE OF DEATH.

12-6 90 Ě 10036

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 1442 Belvedere St. (St.) (Ward)

2-FULL NAME Elizabeth Hall.(C)

(a) RESIDENCE NO 418 E.Oliver St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Married

5a If married, widowed or divorced (or) WIFE of Lloyd Hall.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Henry Winston.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Agnes.-------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Lloyd Hall.(C) husband.
(Address) 416 E.Oliver St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

April 28, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hanover Co. Va	Apr. 29 1926
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1325 Eastland

HARRISON JONES, M. D.

APR 29 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10037. CERTIFICATE OF DEATH. 129 E 10037.

1-PLACE OF DEATH

(CITY OF BALTIMORE: (No. 1020 Patapsco St. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Wallace

(a) RESIDENCE No. 1020 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Talbot Wallace

6 DATE OF BIRTH (month, day, and year): Jan 28 1858

7 AGE: Years 68 Months 2 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at

(b) General nature of industry, business, or establishment in which employed (or employer): home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Mary Co Maryland

PARENTS

10 NAME OF FATHER: Alex Redman

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary Co Maryland

12 MAIDEN NAME OF MOTHER: Mary Gatten

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary Co Maryland

14 INFORMANT (Address): Mrs Mary C Buchanan 1020 Patapsco

15 Filed APR 29 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 1 1926 to Apr 26 1926.

that I last saw h alive on Apr 26 1926

and that death occurred, on the date stated above, at 8.46 a m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Disease of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

Apr 29 1926 (Address) 1020 Patapsco St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. DATE OF BURIAL: April 30 1926

UNDERTAKER: John F Denny ADDRESS: 715 Light St

FROM is very important. See instructions on back of certificate.

...very important. See instructions ... on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10038 E 10038

CERTIFICATE OF DEATH.

89

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1324 Division St., (WARD) 17-1

2-FULL NAME Rachel William Johnson

(a) RESIDENCE No. 1324 Division St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grafton R. Johnson

6 DATE OF BIRTH (month, day, and year): March 4 1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Anthony Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza McClain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Bessie Davis 543 Lanvale St

15 Filed APR 29 1926 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to April 26, 1926, that I last saw h[illegible] alive on April 26, 1926, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1324 Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 4/29/26

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 10039

CERTIFICATE OF DEATH.

E 10039

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 E. Birckhead St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Kyle

(a) RESIDENCE NO. 35 E. Birckhead St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Katherine Floyd Kyle

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman 086

(b) General nature of industry, business, or establishment in which employed (or employer): Davis Chemical

(c) Name of employer: Co.

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER Wm. Kyle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penn

12 MAIDEN NAME OF MOTHER Margaret Feil

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penn

14 Informant Mrs. Mary Floyd

(Address) 35 E. Birckhead St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926 to April 26, 1926

that I last saw ~~him~~ alive on April 26, 1926

and that death occurred, on the date stated above, at 8-P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Campbell M. D.

April 27, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: April 29 1926

20 UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light St.

APR 29 1926 C. HAMILTON JONES, M. D.

Do not abbreviate or use ditto marks. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 10040 HEALTH DEPARTMENT—CITY OF BALTIMORE

× 43 E 10040

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Gen Hosp

CITY OF BALTIMORE: (No. [illegible] Madison ST., [illegible] WARD) ave

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Edward C. Mahoney

(a) RESIDENCE No. 216 Chestnut ST., Atlanta Ga WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 5/1869

7 AGE Years 57 yrs - Months 3 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rail Road Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Atlanta Ga (State or country)

PARENTS

10 NAME OF FATHER Mr. M. Mahoney

11 BIRTHPLACE OF FATHER (city or town) Cork (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mrs. M. Scooge

13 BIRTHPLACE OF MOTHER (city or town) Cork (State or country) Ireland

14 Informant Patient (Address)

15 Filed APR 29 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/17, 1926 to 4/28, 1926 that I last saw h[illegible] alive on 4/28, 1926 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the floor of the mouth.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Senilia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright M. D.

, 19 (Address) Madison & Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Georgia

DATE OF BURIAL 4/29 1926

20 UNDERTAKER J. L. Moran

ADDRESS 390 E. Baltimore

Information, and the certificate of the cause of death, required by this law, should be given by the person best acquainted with the facts. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 10041

REGISTERED NO.

E 10041

1 PLACE OF DEATH

City of BALTIMORE: (No. In Greenmount Cemetery St 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick McGinn

(a) RESIDENCE NO. 712 E. Chase St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane McGinn

6 DATE OF BIRTH (month, day, and year) Mar 17/1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone-man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Greenmount Cemetery Co.

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Luke McGinn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Keegan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Catherine Newton

(Address) 651 3rd Ave New York City

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Dropped dead while at work)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Wales M. D.

(Coroner)

4/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Apr 30 1926

20 UNDERTAKER Richard F. Burley ADDRESS 624 N. Washington St.

APR 29 1926

R.K.

Do not write in this space. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 10042 HEALTH DEPARTMENT—CITY OF BALTIMORE

× 38 E 10042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hosp. ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Francis Queen.

(a) RESIDENCE NO. Woodwardsville, Md ST., ... WARD E

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas Queen.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) AA Co. Md

PARENTS

10 NAME OF FATHER William Contee

11 BIRTHPLACE OF FATHER (city or town) (State or country) AA. Co. Md

12 MAIDEN NAME OF MOTHER Eliza Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) AA Co. Md

14 Informant Mrs Wm Contee

(Address) Woodwardsville Md

15 Filed APR 29 1926, 19.. CHARLES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from April. 25 ,1926. to April. 25 ,1926.

that I last saw h[illegible] alive on April. 25 ,1926.

and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Confluent Lobular Pneumonia

(duration) ..... yrs. ..... mos 10 da. over

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 2 da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. London, M. D.

, 19 (Address) Emer. Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York Church Cemetery	Apr 30 26
20 UNDERTAKER	ADDRESS
W J Ladning Sons	Bowie Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10043

CERTIFICATE OF DEATH.

38 E 10043

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. 10-2

CITY OF BALTIMORE: (No. Baltimore, Md. ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George L.Brown

(a) RESIDENCE NO. 1026 E.Madison St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Brown

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 042

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER Abraham Brown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed 1926. per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from November 20. 1925. to April 28 .1926.

that I last saw him alive on April 28th .1926

and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Leutic Infection

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical and Serologi findings.

(Signed) Mary A. Grimm M. D.

, 19 (Address) Pilgrim City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easbury Cem

DATE OF BURIAL May 2 1926

20 UNDERTAKER Jas M. Skinner

ADDRESS 625 E. Mad st

TION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10044

CERTIFICATE OF DEATH.

E 10044
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1405 McElderry St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Richard Calbert Gross

(a) Residence No. 1405 McElderry St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Mard

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sallie Gross

6-DATE OF BIRTH (month, day and year) Dec 1872

7-AGE. If LESS than 1 day, ...hrs. or....min.?
54 yrs. 4 mos. ds.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer). 086
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Colbert Gross

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Calvert Co Md.

12-MAIDEN NAME OF MOTHER. Sophia Mitchell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Calvert Co Md.

14-
(Informant). Lottie Gross
(Address) 1406 McElderry st

15-
Filed. APR 29 1926 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4 26 26

17- I HEREBY CERTIFY, That I attended deceased from 12-10 1926 to 4-26 1926
that I last saw h~~im~~alive on 4-26 1926
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows.
Chronic Interstitial Nephritis
(Interstitial)
(Duration) yrs. 5 mos ds.
CONTRIBUTORY (Secondary) Uremia
(Duration) yrs mos ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) L. L. Jackson M. D.
4-27 1926 (Address) 8 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn — DATE OF BURIAL. 4-30 26 1926

20-UNDERTAKER. Harry Shinn — ADDRESS 1625 E Madison st

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10045

HEALTH DEPARTMENT—CITY OF BALTIMORE.

90 E 10045

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 7

CITY OF BALTIMORE: (No. Bay View Asylum ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Shultz (Wanscowski)

(a) RESIDENCE NO. 39 S. 13th Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
29 years.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Shultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records Address Baltimore City Hospitals

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926. to April 27, 1926.

that I last saw him alive on April 27, 1926.

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) unknown ds.

CONTRIBUTORY (Secondary) Acute Myocardial failure (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 39 S 13th Street

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab Tests

(Sig.) H. M. P. Chaney Jr. M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL May 1. 1926.

20 UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann St

29 NOV 20 C. HAMPSON JONES

Spec—12-23-21—E.B.R.S.—400 Bks.

John S. Whiteford

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10046

CERTIFICATE OF DEATH.

129 E 10046

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 209 Gittings Avenue St., 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... J. S. Whiteford

(a) Residence No... 209 Gittings Avenue St.,... Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6-DATE OF BIRTH (month, day and year): June 30 1852

7-AGE: 74 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: farmer

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Michael C. Whiteford

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Augustine Street

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant): Lorenzo Russell

(Address): 209 Gittings Ave

15- Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 27-1926

17- I HEREBY CERTIFY, That I attended deceased from March 24 1926 to April 27 1926

that I last saw h[illegible] alive on April 27 1926

and that death occurred, on the date stated above, at 11.10 P m

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Acute Uremia)

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Chronic Parenchymatous nephritis

(Duration) 2 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Morris B. Green M. D.

4/28 1926 (Address) Hamilton Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Highland

DATE OF BURIAL: June 30 1926

20-UNDERTAKER: Howard K McKenna

ADDRESS: Abingdon

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CHARLES O. HANSON JONES, M.D.

Registrar.

Spec.—1-10-21—M&T—1500 Bks.

Walters

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10047

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

3/ **E 10047.**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 816 Ellwood ST. 14-1 WARD)

2-FULL NAME Anna Banks Watts

(a) RESIDENCE No. 816 Ellwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Noth. Banks

6 DATE OF BIRTH (month, day, and year): Sept. 3d. 1849.

7 AGE: 76

Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer): Home wife

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Linda Veney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Home Foundation

(Address): 816 Ellwood St.

15 Filed APR 29 1926 19 C. HAMPSON JONES, M. D. Registrar

By: R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1926, to April 28th 1926, that I last saw h alive on April 27th 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows: Pul. tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hoff K. Lee, M. D.

19 (Address) 816 Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Va

UNDERTAKER: George T. A. Gibson

DATE OF BURIAL: 4-30 19 26

ADDRESS: 1735 Lemmon Hilton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 10048

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 S. Charles WARD) 23-2

2-FULL NAME Premature Birth (7 months)

(a) RESIDENCE NO. 1628 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs — mos 8 hours How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 27, 1926

7 AGE: Years | Months | Days | If LESS than 1 day 8 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter W. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Minnie A. Pfaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Walter W. Houck

(Address) 1628 S. Charles Ste.

15 Filed APR 29 1926 19 — Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27th 1926 to April 27th 1926

that I last saw him alive on April 27th 1926

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) — yrs. — mos 8 hours

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Heiteel M. D.

(Address) 1224-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: April 29 1926

20 UNDERTAKER: F. A. Frauen & Son — ADDRESS: 703 Hanover St

HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10049

CERTIFICATE OF DEATH.

E 10049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 S. Charles ST. 23 WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature Birth (7½ months)

(a) RESIDENCE NO. 1628 S. Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 9 hours How long in U. S., if of foreign birth? — yrs. — mos. — da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 24, 1926

7 AGE — Years — Months — Days — If LESS than 1 day, 9 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Walter W. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Minnie A. Roff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Walter W. Houck

(Address) 1628 S. Charles St

15 Filed APR 29 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24th, 1926, to April 24th, 1926, that I last saw her alive on April 24th, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) — yrs. — mos. 9 hours

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — da.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Heibel M. D.

4/28, 1926 (Address) 224 26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: April 29 1926

20 UNDERTAKER: J. A. Krause & Son — ADDRESS: 163 Hanover St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10050

CERTIFICATE OF DEATH.

E 10050

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 Whitelock Street St., 13-6 Ward)

2-FULL NAME Katie Davis Lessens

(a) RESIDENCE NO. 900 Whitelock St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: ~~Female~~ Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Lessens

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Herz Cooper

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltimore St

PR 29 1926

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 4-28-26

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to April 28, 1926, that I last saw h.. alive on April 28, 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) S. Wolman, M. D.

, 19 (Address) 2444 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — Date of Burial 4/29 1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10051 — N E 10051

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ... ST. 7-1 WARD)

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Harris

(a) RESIDENCE NO. Winter Home & Edmondson Ave WARD Balto - Md -

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 54 yrs. · Months · Days · If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: James Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: A. Edmonds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant: Friends -

(Address)

15 Filed ... 19 ... G. HAMPSON JONES, M. D. Registrar

PR 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 17 1926 to April 27 1926.

that I last saw him alive on April 27 1926.

and that death occurred, on the date stated above, at 1 50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ... yrs. 10 mos ... ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) ... yrs. 1½ mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? clinical

(Signed) E Bowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harristown Cotonsville

DATE OF BURIAL: April 30 1926

20 UNDERTAKER: Adolphus Halsted

ADDRESS 904 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10052

CERTIFICATE OF DEATH.

E 10052

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 26-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Moore or Fogarty

(a) RESIDENCE NO. Baltimore City Hospitals ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 Yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed APR 29 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1924 . to April 25 . 1926 .

that I last saw her alive on April 25 . 1926 ,

and that death occurred, on the date stated above, at 11:15 a m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) H. Lindsay Keller. M. D.

4/27 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	4/27 19 26
20 UNDERTAKER	ADDRESS
J. F. Fahey & Sons	1318 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10053

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-006 E 10053

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Unknown · St. 27-6 Ward)

2-FULL NAME Unknown ·

(a) RESIDENCE Found moribund 13 Hilldale Road St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. (mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			About 1 Day	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work..... ~
(b) General nature of Industry, business, or establishment in which employed (or employer)..... ~
(c) Name of employer ~

9 BIRTHPLACE (city or town)..... Unknown
(State or country) ~

PARENTS

10 NAME OF FATHER ~

11 BIRTHPLACE OF FATHER (city or town)..... ~
(State or country)

12 MAIDEN NAME OF MOTHER ~

13 BIRTHPLACE OF MOTHER (city or town)..... ~
(State or country)

14 Informant .....
(Address)

15 Filed ..... 19 .....

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) About 4/16 192~

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
(duration) .....yrs. .....mos. .....ds.

(Signed) Edward Hanna Jr. M. D.
(Coroner)

4/17. 192~ (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 29 1926

JOHNS HOPKINS HOSPITAL

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10054

CERTIFICATE OF DEATH.

161-01 **E 10054**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hutchinson St. 13-6 Ward)

2-FULL NAME Hutchinson

(a) RESIDENCE Front & Madeson ne Carlane St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ____ Months ____ Days about 1 day. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ditto

(b) General nature of industry, business, or establishment in which employed (or employer): ditto

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Hutchinson

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) "

14 Informant _____

(Address) _____

15 Date _____, 19____

By C. HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and from said Autopsy find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Wm H. Hoffman M. D.

(Coroner)

4/17 1926 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 9 1926

JOHNS HOPKINS HOSPITAL

THE WORK

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10055

E 10055

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 27 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bab Colleis

(a) RESIDENCE NO. 4524 Lanford Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/27/26

7 AGE: Years Months Days If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Norman Colleis

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Celia Brooks

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant St Joseph Hospital (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/26

17 I HEREBY CERTIFY, That I attended deceased from 4/27, 1926, to 4/28, 1926, that I last saw him alive on 4/28, 1926, and that death occurred, on the date stated above, at 12 3/4 m.

The CAUSE OF DEATH* was as follows:

Premature L Baby

& premature respiration & Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) No.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopy

(Signed) Bruce K Jenner M. D.

19 26 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

See instructions on back of certificates.

JOHNS HOPKINS HOSPITAL

C. HAMPSON JONES, M.D.

Spec.—12-9-25—A Co.—200 Bks.

E 10056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-00

E 10056

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 w york St. 22-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stepney

(a) RESIDENCE NO. 9 w york St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: wh

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days | IF LESS than 1 day.....hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: L no

(b) General nature of industry, business, or establishment in which employed (or employer): L

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore md

(State or country)

PARENTS

10 NAME OF FATHER: Fred. Stepney

11 BIRTHPLACE OF FATHER (city or town)

(State or country): md

12 MAIDEN NAME OF MOTHER: Lubenda Price

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): md

14 Informant: Fred Stepney

(Address): 9 w york

2-9-1926 C. HAMPSON JONES, M. D.

0324 BCH Registrar

MEDICAL CERTIFICATE OF HEATH

16 DATE OF DEATH (month, day, and year) 19 26

Apr 28

17

I HEREBY CERTIFY, That I attended deceased from Apr 28, 19 26, to Apr 28, 19 26,

that I last saw h[illegible] alive on Apr 28, 19 26

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Premature delivery

(about 8 months)

(duration) ...yrs. ...mos. ...ds.

CONTRIDITORY —

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. Hampson Jones, M. D.

(Address) 130 W Lex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10057

E 10057

CERTIFICATE OF DEATH.

× 129

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Dora Zeigler

(a) RESIDENCE NO. Upper Falls Balto Co Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Zeigler

6 DATE OF BIRTH (month, day, and year) March 25th 70

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	56	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER Unknown (adopted)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant V. Zeigler

(Address) Joppa Md

Filed R 29 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to April 29, 1926, that I last saw her alive on April 21, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Myocarditis Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clarence R. O'Connor, M. D.

, 19 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Chapel Cemetery Harford Co Md — DATE OF BURIAL May 1st 1926

20 UNDERTAKER Chas E. Hornberger — ADDRESS Benson Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10058 **E 10058**

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3301 First ave ST., 26-5 WARD)

2-FULL NAME Mary E. Trow

(a) RESIDENCE NO. 3301 First ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Trow

6 DATE OF BIRTH (month, day, and year): Dec 4-1859

7 AGE — Years: 66 — Months: 4 5 — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George L Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Bauman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Frederick Trow

(Address): 3301 First ave

15 Filed: R 29 1926 G. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15. 1923. to April 26th 1926.

that I last saw her alive on April 26th. 1926.

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Myocarditis Chronic

(duration) 2 yrs. 7 mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D W Jones M. D.

4/27/1926 (Address) 1011 E. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: April 30 1926

20 UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 10059

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 10059

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore Club, 2 N. Madison St. (St.) 11-2 (Ward)

2-FULL NAME Thomas Poultney.

(a) RESIDENCE NO. Baltimore Club, 2 N. Madison St. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. _____ mos. _____ ds. How long in U. S., If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Attorney.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Poultney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Susan Carroll.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Richard H. Pleasants. (cousin)
(Address) Munsey Building.

15 Filed _____ 192_ Registrar RK

PR 30 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April, 28, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.
Acute dilatation of the Heart.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

(Signed) Otto M Peterhard (Coroner.) M. D.

April 29, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

DATE OF BURIAL: April 30 1926

20 UNDERTAKER: Henry L. Jenkins Sons Co

ADDRESS: N. Calvert & Orchard St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10060

CERTIFICATE OF DEATH.

100-001

E 10060

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Greenway Apt

CITY OF BALTIMORE: (No. 34 s Charles ST. 17-1 WARD)

2-FULL NAME James. M. Douglas

(a) RESIDENCE NO. 34 s Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Lizzie T. Douglas

6 DATE OF BIRTH (month, day, and year) Oct 10 1852

7 AGE: Years 74 | Months 5 | Days 28 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER W R Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Lucy Hinkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Lizzie Douglas

(Address) Greenway Apt

15 Filed. ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25 1926 to April 28 1926

that I last saw him alive on April 28 1926

and that death occurred, on the date stated above, at 9.15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm T. Perkins M.D. M. D.

, 19 (Address) 1 West Franklin St. (Residence)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 30 1926

20 UNDERTAKER: Henry Jenkins Sons Co — ADDRESS: Cathedral & Lexington

TION is very important. See instructions on back of certificates.

APR 30 1926 CHARLES LANE

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10061 129 **E 10061**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Elizabeths Home St., 9-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Sister Mary Gabriel Thieram

(a) Residence No... St. Elizabeths Home St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 1861

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Religious

(b) General nature of industry, business, or establishment in which employed (or employer)... 065

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), England

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant)... Mother Mary Pascal

(Address)... St. Elizabeths Home

APR 30 1926 CHARLES JONES, M. D.

Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 28, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to April 27, 1926

that I last saw h[illegible] alive on April 27, 1926

and that death occurred, on the date stated above, at 12[30] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage, 5 ds

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Eyeground examination

(Signed) Frank J. Ayd, M. D.

apr 28 1926 (Address) 2006 E Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Elizabeths Home Cem	April 30th 1926
20-UNDERTAKER.	ADDRESS
Henry H Jenkins Sons Co	McCulloh - Orchard Sts.

Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

61-001

E 10062

~~CERTIFICATE OF DEATH~~ BIRTH No. 679

E 10062

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital St. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Bruns.

(a) RESIDENCE NO. 1306 Guyone Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26/26

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
Premature 7/12	months		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Ferdinand A. Bruns

11 BIRTHPLACE OF FATHER (city or town) Germantown
(State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle F. Webster

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md.

14 Informant Mrs. Estelle F. Webster Bruns
(Address) 1306 Guyone Ave

15 Filed ..., 19... H. HANSON JONES, M. D.
Registrar

For ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 19 26

17

I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw h... alive on ..., 19...,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows

Premature 7 1/2 months Foetus
Lived about 2 1/2 hours.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Chas A. Fetterolf, M. D.

, 19 (Address) 1807 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY ~~OF BALTIMORE~~ NE/10063

E 10063

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Hospital ST., 8-3 WARD)

2-FULL NAME Infant Bruns.

(a) RESIDENCE NO. 1306 Eugene Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 26/26

7 AGE — Years: Premature — Months: 7½ Months — Days: — If LESS than 1 day, ½ hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Ferdinand A Bruns

11 BIRTHPLACE OF FATHER (city or town) Govanstown (State or country) Md

12 MAIDEN NAME OF MOTHER: Nanetta Roberts

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Md

14 Informant
(Address)

15 Filed ..., 19... Registrar

R 2 8 1926 For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1926

17 I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...,
that I last saw h... alive on ..., 19...,
and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Premature 7½ Mos Foetus
Lived about 12 Hours

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? —

What test confirmed diagnosis? ...

(Signed) Chas A J Fetherstuff, M. D.

..., 19... (Address) 1807 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ..., 19...

20 UNDERTAKER

ADDRESS

HARRISON JONES, M. D. Commissioner of Health

IMPORTANT—Before filling out this certificate, read carefully the instructions on the back hereof. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10064

CERTIFICATE OF DEATH.

90 E 10064

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Park Heights Ave. ST. 15-3 WARD)

2-FULL NAME Esther Zander

(a) RESIDENCE NO. 3813 Park Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Zander

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE: 78 Years — Months — Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Samuel Chridosky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Gertie Zander

(Address): 3813 Park Hgts Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1905, to Apr 28, 1926, that I last saw h[illegible] alive on Apr 28, 1926, and that death occurred, on the date stated above, at 5-45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. 2 ds.

CONTRIBUTORY (Secondary): Cardiac Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert H. Levy M. D.

4/28/1926 (Address) 6 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bd. of Rehear Cem.

DATE OF BURIAL: 4/30/1926

20 UNDERTAKER: David Londheim

ADDRESS: 415-20 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E. HAMPDEN JONES, M. D.

APR 30 1926

Spec.—1-10-21—M&T—1500 Bks.

Praties ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10065

E 10065

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 Penna (St.) 17-1 (Ward)

2-FULL NAME Dannie Praties

(a) RESIDENCE No. 1112 Penna ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Praties

6 DATE OF BIRTH (month, day, and year) Oct. 8 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper dealer

(b) General nature of industry, business, or establishment in which employed (or employer) news papers & periodicals

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Easton Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fanny A Moss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Prattis (Address) 1117 Penna Ave

15 Filed APR 30 1926 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1926, to Apr 27, 1926, that I last saw her alive on Apr 26, 1926 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hans Gregg M. D.

4/30 1926 (Address) 1106 Edmonton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 4/30 1926

20 UNDERTAKER Samuel A Hensley

ADDRESS Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10066

113 E 10066

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Norwood Williams

(a) RESIDENCE NO. St. Vincent's Orphan Asylum St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxxxx

6 DATE OF BIRTH (month, day, and year) Apr 19/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) Hospital Records

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 20/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Indigestion

Otitis Media- Marasmus

(Autopsy at Hopkins)

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) J. C. Hiss M. D.

(Coroner)

4/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cemetery April 30 19 26

20 UNDERTAKER — ADDRESS

M. Fahey & Sons. W. North Ave 1827

OF DEATH in plain terms, so that it may be properly classified. Exact statement of the cause very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 10067.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154-002

E 10067.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1035 Somerset ST., 10-2 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Robel

(a) RESIDENCE NO. 1035 Somerset ST., 10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 12 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			18	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER George Robel

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Sophia Eschbach

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mr. George Robel
(Address) 1035 Somerset St

15 Filed APR 30 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28 1926, to April 30th 1926
that I last saw h[illegible] alive on April 29th 1926
and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH* was as follows:

Mor. Hours Tonsura Oralis
Twice daily
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Lower M. D.

1926, 19 (Address) 1501 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: May 1 1926

20 UNDERTAKER: Henry Horch Son — ADDRESS: 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10068 21 E 10068

E 10068

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1742 Darley Ave St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Martin F. Quinn

(a) Residence No. 1742 Darley Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced. HUSBAND of ~~(or)~~ ~~WIFE~~ of Mary F. Quinn

6-DATE OF BIRTH (month, day and year) Nov 11th 1862

7-AGE. 63 64 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Horseshoer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS.

10-NAME OF FATHER. John Quinn

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Mary Welch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Mary E. Quinn

(Address) 1742 Darley Ave

15- APR 30 1926

C. H. THOMPSON JONES, M. D. Registrar.

per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 25th 1926

17- I HEREBY CERTIFY, That I attended deceased from April 23 1926 to April 28 1926.

That I last saw him alive on April 28 1926.

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Abrasion left hand

(Duration) yrs. mos 8 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Peck M.D.

April 29 1926 (Address) 936 E Monument St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Com. DATE OF BURIAL. May 1 1926

20-UNDERTAKER. Frank A Fink ADDRESS 915 N. Gay St.

instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 10069

REGISTERED NO. E 10069

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 S. Exeter St. 3-1 Ward)

2-FULL NAME Dobie Barron

(a) RESIDENCE NO. 121 S. Exeter St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	m	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Barron

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Usreal Kushner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jacob Barron

(Address) 121 S. Exeter St.

Filed 30 1926 19 R.K. Registrar

HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

4-29-26

17 I HEREBY CERTIFY, That I attended deceased from October 6th 1924 to April 29th 1926 that I last saw h[illegible] alive on April 29, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

Malignant Kidney & Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Metastasis & Terminal Pneumonia

(Secondary)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted at home

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray Hood Exam.

(Signed) Joseph Friedman, M. D.

April 29 1926 (Address) 3201 Garrison av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 4/30 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

very important. See instructions on back of certificates.

Be sure that every question is properly answered. EXACT statement of OCCUPATION is

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10070

CERTIFICATE OF DEATH.

167-001 E 10070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Denver St. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Euselius H. McLaughlin.

(a) RESIDENCE NO 1004 Denver St. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married HUSBAND of Annie McLaughlin.

6 DATE OF BIRTH (month, day, and year) April 5, 1885.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	41	0	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Glass blower.
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butler Pa.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Annie Mclaughlin.(wife)
(Address) 1004 Denver St.

15 Filed APR 30 1926 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)
April 29, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a.a.c. DATE OF BURIAL 4-30 1926

20 UNDERTAKER James Dignan & Son ADDRESS 1 Luca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10071

CERTIFICATE OF DEATH.

90 E 10071

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 530 E-20th St. (Ward) 17-5

2-FULL NAME James C. Fields.

(a) RESIDENCE (Usual place of abode) NO. 530 E-20th St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec 18-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wood Worker.

(b) General nature of industry, business, or establishment in which employed (or employer): 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: C P Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Mary S Collon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Mrs Ida Russell.

(Address) 530 E 20th St.

15 Filed APR 30 1926 19.

C. HARPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29th 1926

17

I HEREBY CERTIFY, That I attended deceased from March 27th, 1926, to April 29th, 1926,

that I last saw him alive on April 29th, 1926,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Personal observation.

(Signed) Wm Conrad Body, M. D.

, 19 (Address) 1901 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Havre de Grace Md

DATE OF BURIAL: 5-2 1926

20 UNDERTAKER: J. A. Pennington & Son

ADDRESS: Havre de Grace Md

Spec. 1-10-21 M&T 1500 Blks.

E 10072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 10072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Bals Gen Hosp St. 21-2 WARD)

2-FULL NAME Mary Frances Morgan

(a) RESIDENCE NO. 1225 Cleveland St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of William E Morgan

6 DATE OF BIRTH (month, day, and year) Dec 22 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William Lee

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Crawford

13 BIRTHPLACE OF MOTHER (city or town) Balt Md (State or country)

14 Informant William E Morgan (Address) 1225 Cleveland St

Filed MAY 3 1926 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30. 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-24, 1926, to 4-30, 1926, that I last saw h[illegible] alive on 4-30, 1926, and that death occurred, on the date stated above, at 5.00 A.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 7 days yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy 3 yrs. Interstitial Nephritis

(duration) 10 yrs mos. ds.

18 Where was disease contracted if not at place of death? None.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James L Nelson, M. D.

19 (Address) 1213 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 3 1926

20 UNDERTAKER William Cook Sons & Nash Co — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10073

CERTIFICATE OF DEATH.

100-001

E 10073

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Ballard

(a) RESIDENCE NO. 439 E. 23rd St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE: Years 72yr; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed APR 30 1926 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to April 28, 1926, that I last saw her alive on April 28, 1926, and that death occurred, on the date stated above, at 3 8 m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Steele, M. D.

4/29/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: April 30/26

20 UNDERTAKER: David Easton ADDRESS: 916 Eden

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 10074

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

CERTIFICATE OF DEATH.

E 10074

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 N. Vincent St. St., 16-7 Ward)

2-FULL NAME Wm. M. Thomas

(a) RESIDENCE NO. 804 N. Vincent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. - mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Thomas.

6 DATE OF BIRTH (month, day, and year) Jan 2-1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant & home.

(c) Name of employer Herself for self.

9 BIRTHPLACE (city or town) Washington

(State or country) D. C.

PARENTS

10 NAME OF FATHER Wm Thomas.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Kansas.

12 MAIDEN NAME OF MOTHER Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) Washington D. C.

(State or country)

14 Informant Daisy Thomas

(Address) 804 N. Vincent St

15 Filed APR 30 1926 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29-1926 19

17 I HEREBY CERTIFY, That I attended deceased from Apr 22 1926 to Apr 29th 1926, that I last saw him alive on Apr 29th 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 8 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Regular

(Signed) E. C. Smith, M. D.

(Address) April 29-1926 Smith Bldg Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial April 30-26

20 UNDERTAKER Harry Conley ADDRESS 916 Bank.

very important. See instructions on back of certificates.

...ly ... CERTIFICATE ... CAUSE. ... of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

E 10075 HEALTH DEPARTMENT—CITY OF BALTIMORE

139 E 10075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Slow

(a) RESIDENCE NO. 560 N. Saratoga ST. WARD Balto - Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: N. Dow

6 DATE OF BIRTH (month, day, and year): Crochan

7 AGE: Years 25 yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Geo Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C -

12 MAIDEN NAME OF MOTHER: May Ann Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C -

14 Informant (Address): Records -

15 Filed ... 19... Per ... Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926. to April 28, 1926.

that I last saw her alive on April 28, 1926

and that death occurred, on the date stated above, at 2 20 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis - post operative for myomata uteri

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Johns Hopkins Hospital

Did an operation precede death? Yes Date of April 21, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) L. Slawlbridge, M. D.

, 19 (Address) Johns Hopkins Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Remini S. C.

DATE OF BURIAL: April 30 1926

20 UNDERTAKER: Leard Whalen

ADDRESS: 308 Myrtle Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 10076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 101-901 E 10076

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 11-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Byrd

(a) RESIDENCE No. Northside Barracks St. Sparrows P Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 19 1906

7 AGE — Years: 19 Months: 10 Days: 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Steel work

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Provident Hospital

(Address)

Filed APR 30 1926 C. HAMPSON JONES, M. D.

By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to April 28, 1926.

that I last saw him alive on April 28, 1926

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Sparrows P. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Gaines, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winsboro S. C. via Penn R R

DATE OF BURIAL: April 30 1926

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

Kolburn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10077

E 10077

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 5-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kolburn

(a) RESIDENCE NO. 1313 E. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
84				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: John L. Kolbourn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Eleanor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Baltimore City Hospitals Records (Address)

Filed APR 30 1926 19 ..... C. HANSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to April 27, 1926, that I last saw him alive on April 27, 1926, and that death occurred, on the date stated above, at 6:53P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Keller, M. D.

4/30 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel

DATE OF BURIAL: April 30 1926

20 UNDERTAKER: John W Henderson

ADDRESS 1503 E Monument

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10078

74-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 N.Chester St. ST., 8-2 WARD)

2-FULL NAME Henrietta Mussington.

(a) RESIDENCE NO. 1742 N.Chester St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If ~~MARRIED~~, widowed, or ~~DIVORCED~~ (or) WIFE of Richard Mussington.

6 DATE OF BIRTH (month, day, and year) June 17, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) ofo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Peter Gillespie.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Susan A. Metcalf.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Lillian Garrison.(daughter)

(Address) 1742 N.Chester St.

15 Filed APR 30 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 19, 1926 to April 29, 1926.

that I last saw her alive on April 29 1926

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

4/30 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL MAY 1. 1926

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Eutaw St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1910 6a

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10079

E 10079

101-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, ST. 6-3 WARD)

2-FULL NAME Jane Lindner

(a) RESIDENCE NO. 402 N. Kenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 21, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Ezault Lindner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 30 1926 CAPRON, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16th, 1926, to April 29th, 1926, that I last saw her alive on April 29th, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: May 1, 1926

UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St.

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10080 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10080

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument ST. 16-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Stern

(a) RESIDENCE NO. 617 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Sept 24 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	42	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer 065

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Herman Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. L. Marks
(Address) 615 N. Calhoun St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

PR 30 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/24/26, 1926, to 4/30, 1926,

that I last saw him alive on 4/30, 1926,

and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of 4-29-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Philip Levinson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. Ahnes & Co

DATE OF BURIAL May 1 1926

20 UNDERTAKER Balto. Hebrew Cemetery

ADDRESS 3314 Pennsylvania Ave

SEE THAT ALL ITEMS ARE FILLED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10081

CERTIFICATE OF DEATH.

E 10081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Kirby

(a) RESIDENCE NO. 715 Patterson Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

(If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 53 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Theodore T. Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Precilla Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

Per K.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to April 28, 1926, that I last saw him alive on April 28, 1926, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis (Infectious)

(duration) 12 (history) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory + Clinical

(Signed) W. Lindsay Fuller M. D.

4/29 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: May 1 1926

20 UNDERTAKER: Jno C. Millard Sr ADDRESS: 2334 Jefferson St

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10082

E 10082

CERTIFICATE OF DEATH.

52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 E. 36th ST., 9-1 WARD)

2-FULL NAME Clementine D. Cross

(a) RESIDENCE NO. 614 E. 36th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of or) WIFE of: Marian K Cross

6 DATE OF BIRTH (month, day, and year): March 1 1865

7 AGE — Years: 61 — Months: 1 — Days: 28 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Woodbine Carroll Co Md

PARENTS

10 NAME OF FATHER: Peter Cross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Mary Todd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md

14 Informant (Address): P Irving Cross 614 E 36th St

15 Filed MAY 3 1926, 19 C. HAMPSON JONES, M. D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): APR 29 1926 19

17 I HEREBY CERTIFY, That I attended deceased from 22 Apl, 1926, to 29 Apl, 1926, that I last saw her alive on 28 April, 1926, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

(duration) 7 yrs. 7 mos. + ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) Horace W. Byers, M. D.

19 (Address) 749 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Church Winfield Carroll Co Md

DATE OF BURIAL: MAY 1 - 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: EDMONDSON AVE

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10083 — CERTIFICATE OF DEATH. — E 10083

REGISTERED NO. 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 818 W. 40th (ST.,) 134 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise E. Lamb

(a) RESIDENCE No. 818 W. 40th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Emerson Lamb

6 DATE OF BIRTH (month, day, and year) Mch. 28-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	65	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thos. H. Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie E. Magee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Emerson Lamb

(Address) 818 W. 40th St.

15 4/30 1926 C. HAMPSON JONES, M. D. Registrar

Per OKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/29 1926

17

I HEREBY CERTIFY, That I attended deceased from 1920 — 19 . to 4/29 . 1926.

that I last saw her alive on 4/29 1926.

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Benign Parotid Tumor

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. O. Stewart M. D.

(Address) 140 E Read

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Cemetery — DATE OF BURIAL May 1 1926

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

TION is very important. See instructions on back of certificates.

0 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10084

CERTIFICATE OF DEATH.

E 10084

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S short statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Light St. ST. 24-2 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lewis.

(a) RESIDENCE No. 1533 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

5a If married, widowed, or [illegible] (or) WIFE of William Lewis.

6 DATE OF BIRTH (month, day, and year) July 9, 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Peter McLeavey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Waters.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant William H. Jackson. (son)

(Address) 1407 Belt St.

15 Filed APR 30 1926, 192 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.

Accidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

April 30, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos.,

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL May 1 192

20 UNDERTAKER Margaret A. Flynn ADDRESS 1423 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

164

E 10085

CERTIFICATE OF DEATH.

E 10085

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 E. Chase St. 10-1 Ward)

2-FULL NAME Margaret Hamberry

(a) RESIDENCE NO. 605 E. Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 1845

7 AGE: Years 80 | Months 7 | Days 0 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Edmund Hamberry

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Walshe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant (Address): Margaret Mc Glone 605 E. Chase St.

15 Filed ..... 19..... C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 4/24

17 I HEREBY CERTIFY, That I attended deceased from 4/28 1926, to 4/24 1926.

that I last saw h[illegible] alive on 4/24 1926.

and that death occurred, on the date stated above, at [illegible] p m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) 4/30/26 Dr Bernardstown, M. D.

(Address) 614 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: May 1, 1926

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1111 Eighth St.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10086 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10086

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 3-2 WARD) 101

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Solczak

(a) RESIDENCE NO. Bank & Bond ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
48yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'Neil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Sam Solczak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Katie Solczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Baltimore City Hospitals (Address) Records

15 4 30 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to April 29, 1926, that I last saw him alive on April 29, 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

lobar pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Muller, M. D.

4/30 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL May 1 1926

20 UNDERTAKER J. V. Ozazenski ADDRESS 1480 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state... TION is very important. See instructions on back of certificates. OCCUPA-

Cor.—1-12-23—M&T—100 Bks.

E. 10087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 10087

181-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (ST.) 6-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Schultz

(a) RESIDENCE NO. 2046 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Schultz

6 DATE OF BIRTH (month, day, and year) ---------1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hosuework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital Records (Address)

15 Filed APR 30 1926, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia- Inhalation of illuminating gas on Apr 28/26 (Probably accidental-Gas tube had slipped off stop cock)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Patterson, M. D. (Coroner.)

4/30/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knew Interring

DATE OF BURIAL 4-30 192 6

20 UNDERTAKER Jack Rewis

ADDRESS 1439 E. Bal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Bks.

E 10088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10088

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Mt. Pleasant Ave. ST., 46-6 WARD)

2-FULL NAME Mary Louise Kraus

(a) RESIDENCE No. 3700 Mt. Pleasant Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Kraus.

6 DATE OF BIRTH (month, day, and year) Sept 3-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ludwig Frederich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cath. M. Pfister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Catherine Schneider

(Address) 3700 Mt. Pleasant Ave

15 Filed APR 30 1926, 19 C. HAMPSON JONES, M.D. Registrar

Per MHH

MEDICAL CERTIFICATE OF DEATH April 29/26

16 DATE OF DEATH (month, day, and year) April 28 1926

17

I HEREBY CERTIFY, That I attended deceased from September 15, 1925, to April 28, 1926, that I last saw h-- alive on April 28, 1926, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Rheumatism

(duration) unknown yrs mos ds.

CONTRIBUTORY (Secondary) Chronic Endomyocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Harvey B Tilson, M. D.

4/29, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: May 1 1926

20 UNDERTAKER: Lilly and Zeiler ADDRESS: 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

R 30 1926

Spec.—1-12-23—M&T—500 Blks.

E 10089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10089

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2524 Aruneh Ave., ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah J. Cunnabaugh

(a) RESIDENCE NO. 2524 Arunah Ave., ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Josephine Cunnabaugh.

6 DATE OF BIRTH (month, day, and year) March 19th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 023

(b) General nature of industry, business, or establishment in which employed (or employer): Carriage Driver

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Dennis Cunnabaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Joseph Cunnabaugh

(Address): 2524 Arunah Ave.,

0 1926 C. HAMPSON JONES, M. D. Registrar

Per RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28 19

17

I HEREBY CERTIFY, That I attended deceased from June 19 25. to April 28. 1926.

that I last saw him alive on April 28/ 1926

and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Multiple Sclersos

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Revolskin, M. D.

4/29/26 (Address) 721 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: May 1st 1926

20 UNDERTAKER: John F. Cowan & Son

ADDRESS: Gor Fallsway

Per Carl F. J. Cowan

Spec.—1-10-21—M&T—1500 Bks.

E 10090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Columbia Ave ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick J. O'Connor

(a) RESIDENCE NO. 1417 Columbia Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Agnes E. McBride

6 DATE OF BIRTH (month, day, and year): March 19 1860

7 AGE: Years 65; Months 1; Days 9; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cafe Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Agnes E. O'Connor (Address): 1417 Columbia Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29th, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1925. to April 29, 1926.

that I last saw him alive on April 28, 1926.

and that death occurred, on the date stated above, at 11 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx + Pharynx.

Chronic nephritis

(duration) Done Known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) J. Edward Norris M. D.

4.30, 1926 (Address) 107 Eastwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: May 3rd, 1926

20 UNDERTAKER: John F. Cowan & Son Geo F. Cowan.

ADDRESS: 401 Holland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10091

CERTIFICATE OF DEATH.

44 E 10091

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 Union Ave. St., 13 Ward)

2-FULL NAME Josephine M. Gill

(a) RESIDENCE NO. 1018 Union Ave. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles A. Gill

6 DATE OF BIRTH (month, day, and year): Dec. 25-1852

7 AGE — Years: 73 — Months: 4 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Washington

(State or country) D. C.

PARENTS

10 NAME OF FATHER: John A. Rabbitt

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Rebecca McClean

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Washington D. C.

14 Informant: Mrs. Carrie A. Justice

(Address) 1018 Union Ave.

15 Filed: 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1924, to April 28, 1926, that I last saw h.. alive on April 28, 19[illegible], and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Hospital Card

What test confirmed diagnosis? Symptoms & Autopsy

(Signed) Ralph Vonderahe, M. D.

April 24, 1926 (Address) 3443 Clarendon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden) Date of Burial: May 1 1926

20 UNDERTAKER: Horace H. Burgee ADDRESS: 363 Gallo Road

OCT 1926

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Recklins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10092

CERTIFICATE OF DEATH.

89 E 10092

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 416 N Green St., 17-3 Ward)

2-FULL NAME George A Parkhurst

(a) RESIDENCE NO. 416 N Green St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Schonhaf

6 DATE OF BIRTH (month, day, and year): June 30 1856

7 AGE: Years 69 Months 9 Days 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer): Independent

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Andrew Parkhurst

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Apff

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany

14 Informant: Geo A Parkhurst

(Address): 416 N Green St

15 Filed 3/5/26 C. HAMPSON JONES, M. D. Registrar

Per ARB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Angina Pectoris

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas. D. Yates M. D.

(Coroner)

, 19 26 (Address) 3325 Pat Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 3/1/26 19

20 UNDERTAKER: H. C. Brauning Sons — ADDRESS 517 N. Schroeder St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 10093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10093

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Kirby Lane ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary P. Taylor

(a) RESIDENCE NO. 611 Kirby Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel W. Taylor

6 DATE OF BIRTH (month, day, and year) May 23-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER Wm. Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co Md

12 MAIDEN NAME OF MOTHER Matilda Earp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co. Md

14 Informant Daniel W. Taylor

(Address) 611 Kirby Lane

30 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from August, 1924 to April 28 1926.

that I last saw h W alive on April 28, 1926

and that death occurred, on the date stated above, at 7.0 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis – Edema of Lungs

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchial Cohma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Ethell Cohn M. D.

4/29 1926 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL May 1 1926

20 UNDERTAKER Finkler & Finkler

ADDRESS 1739 E. Eager St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10094 90 **E 10094**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12 Ward)

2-FULL NAME Elsie A. Green

(a) RESIDENCE NO. 1126 E. 30th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fmal.	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry A Green

6 DATE OF BIRTH (month, day, and year) May 3 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Hilge

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Mengel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Jerry A Green

(Address) 1126 E 30th St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/29 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest/autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Morrison M. D.
(Coroner)

4/30 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — Date of Burial: May 2 1926

20 UNDERTAKER: Zutkin & Zutkin — ADDRESS: 1739 E Eager St

C. HARRISON JONES M.D.

30 1926

very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10095 E 10095

CERTIFICATE OF DEATH.

1-PLACE OF DEATH New Consolidated Gas E.L.& Power Co. Plant REGISTERED NO.

CITY OF BALTIMORE: (No. Gould & McComas Sts. ST. WARD) 12 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Knight.

(a) RESIDENCE No. 1713 Guilford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX HUSBAND of (or XXXXXXX) Mary Knight.

6 DATE OF BIRTH (month, day, and year) August 6, 1900.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Structural Iron worker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Belmont Iron Co.

9 BIRTHPLACE (city or town) (State or country) Charlestown W.Va.

PARENTS

10 NAME OF FATHER Edward Knight.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Annie Athey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia.

14 Informant Harry Knight.(brother)

(Address) 2nd Ave. Charlestown W.Va.

15 Filed APR 30 1926 C. HAMPSON JONES, M. D. Registrar

By ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidentall fall of 75 feet from steel frame work. (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

April 30, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Charlestown W.Va.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsport Md. DATE OF BURIAL May 1 1926

20 UNDERTAKER John F Denny ADDRESS 715 Lisbon St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10096

CERTIFICATE OF DEATH.

E 10096

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Granby St., 16-W Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bertie S. Jones

(a) RESIDENCE NO. 608 Granby St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Jones

6 DATE OF BIRTH (month, day, and year): June 23-1873

7 AGE: Years 52 | Months 10 | Days 7 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Worker

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Overton, Md

PARENTS

10 NAME OF FATHER: John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Overton, Md.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Overton, Md

14 Informant: John Jones

(Address): 608 Granby St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

30 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1926, to Apr 29, 1926

that I last saw her alive on Apr 29, 1926

and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Right Side Hemiplegia

Cerebral Hemorrhage

Cerebral (duration) ✓ yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) John A. Buchanan M. D.

4/30 1926 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Riverton Md

DATE OF BURIAL: 5/2/26

20 UNDERTAKER: Geo Lembach & Son

ADDRESS: 647 W Pratt St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10097

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 N. Calvert St. 17-3 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Orem

(a) RESIDENCE. No. 2831 N. Calvert St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fredrick Strattner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilda Goetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Strattner & Orem
(Address) 2827 N. Calvert St.

15 Filed Apr 29, 1926 G. HAMPSON JONES, M. D. Registrar

R 30 1926 Per RRT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29- 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13-, 1926, to April 29-, 1926, that I last saw h[illegible] alive on April 29-, 1926, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Organic heart disease -
Mitral incompetency -
Angina pectoris

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility & gout

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. Keller, M. D.

April 29, 1926 (Address) 2827 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	May 1 1926

20 UNDERTAKER Mary A. Gaulthrop ADDRESS 2839 Raynor Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 10098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10098

CERTIFICATE OF DEATH.

REGISTERED No. 151

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore, Md. ST., 24-1 WARD)

2-FULL NAME Annie Jennings

(a) RESIDENCE No. 910 William Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Jennings

6 DATE OF BIRTH (month, day, and year) 5-15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Shubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie Spicer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 FEB 3 0 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30- 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 25, 19 26, to April 30, 19 26, that I last saw alive on April 29, 19 26 and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia,
Senile Gangrene

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Tony Lo Sonnett M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem.

DATE OF BURIAL 2/3 19 26

20 UNDERTAKER L. Frew McCully

ADDRESS 130 E. Fort

Pm

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10099 001 E 10099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Lancaster Street ST. 7-V WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva. Zebec

(a) RESIDENCE NO. 1729 Lancaster Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 28 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank . Zebec

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Mary . Sloncak

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

14 Informant Mrs. Mary. Zebec
(Address) 1729 Lancaster Street

15 0 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30/26

17 I HEREBY CERTIFY, That I attended deceased from April 28 .19 26. to April 29 19 26.
that I last saw he alive on April 29 .19 26.
and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) Nathan Rosenthal, M. D.

, 19 (Address) 1223 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL April 30 19 26

20 UNDERTAKER John A. Oakley ADDRESS 803 Bank

FOR IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 10100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10100

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Home of Maryland ST., 16-7 WARD)

2-FULL NAME Mrs Henrietta Magavern

(a) RESIDENCE No. 822 N. Carrollton ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Thomas G. Magavern

6 DATE OF BIRTH (month, day, and year): May 4 1832

7 AGE — Years: 93 — Months: 11 — Days: 25 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles D. Lommes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Sigina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Holland

14 Informant (Address): Margaret Rather 901 Lake Drive

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to April 30, 1926, that I last saw her alive on April 30, 1926 and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lemmerman M. D.

4/30 1926 (Address) 826 N Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Windsor Md

DATE OF BURIAL: May 2 1926

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W Northave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 10101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 778 Wilson St. WARD) 14-1

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah Lewis Laporte

(a) RESIDENCE NO. 778 Wilson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 19th '23

7 AGE: Years 2 Months 4 6 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Eines Laporte

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Annie Parish

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Annie Laporte

(Address): 778 Wilson St

15 Filed: - 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/28 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/20 1926 to 4/28 1926

that I last saw h[illegible] alive on 4/27 1926

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Measles

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

(Address) 1724 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Peters Bur

DATE OF BURIAL: May 1 1926

20 UNDERTAKER: Adam Easton

ADDRESS: 946 Pa Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10102

CERTIFICATE OF DEATH.

129

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1812 N. Mount St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Christena Jackson

(a) Residence No. 1812 N. Mount St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60+ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of James Jackson

6-DATE OF BIRTH (month, day and year) May 6-1853

7-AGE. 72 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None 27

(b) General nature of industry, business, or establishment in which employed (or employer). Domestic

(c) Name of employer. Self

9-BIRTHPLACE (city or town) (State or Country). Stuggart Germany

PARENTS.

10-NAME OF FATHER. Jacob Lichtenberger

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Christiana

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Mamie Jones

(Address) 1812 N. Mount St.

15-Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per APD

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 29 1926

17- I HEREBY CERTIFY, That I attended deceased from April 13 1926 to April 29 1926 that I last saw h[illegible] alive on. April 28 1926 and that death occurred, on the date stated above, at 10 15 A m

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Edema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Etc

(Signed) Wm H Wright M. D.

April 30, 1926 (Address) 1209 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL. May 1. 1926

20-UNDERTAKER. Daniel Forbes

ADDRESS 914 Park Ave

Cor.—1-12-23—M&T—100 Bks.

E 10103 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10103

CERTIFICATE OF DEATH.

22-290

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 4 W.York St. S. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Jones.(C)

(a) RESIDENCE NO 4 W.York St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ---- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Widower.

5a If ~~MARRIED~~, widowed, ~~XXXXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Irene Jones.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Milton Jones.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Cordelia Jones.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Cordelia Jones.(C) mother.
(Address) 4 W.York St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
By HH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inqiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos, ... ds.

(Signed) Otto M Rembadt M. D. (Coroner.)

April 28, 1926 (Address) 1017 E. Chas. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 5-1 1926

20 UNDERTAKER John H. Toadvine

ADDRESS 627 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 10104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10104

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Central Ave ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael D. Garnett

(a) RESIDENCE No. 427 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Garnett

6 DATE OF BIRTH (month, day, and year): Dec. 22-1896

7 AGE — Years: 29 + Months: Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Goldsborough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lana Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: John Goldsborough

(Address) 427 N. Carolina St.

15 - 1926 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 29 1926

17

I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 29, 1926, that I last saw h alive on April 28, 1926, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernstein M. D.

.19 (Address) 385 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Gron Cem. — DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Carolina St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10105 E 10105

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 4-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine Patterson

(a) RESIDENCE No. Norfolk Va St., E Ward (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): — 1921

7 AGE: 5 Years | Months | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: Joseph Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Cora Roane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to April 30, 1926, that I last saw her alive on April 30, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of April 29

Was there an autopsy? No. What test confirmed diagnosis? Operation

(Signed) Henry A Patterson, M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va. DATE OF BURIAL: May 1 1926

20 UNDERTAKER: William G Schaffalitzky ADDRESS: 816 Monument

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10106

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-983

E 10106

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. 11-2 Ward)

2-FULL NAME Anna Epps

(a) RESIDENCE NO. 608 N. Cathedral or 800 St. Block Linden Ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Epps

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) 608 Cathedral St.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Norben Clark

(Address) Phila., Pa

15 Date 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 28/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis-Terminal Pneumonia ?
Frac. Femur,& Humerus(Right)
Struck by automobile on Dec 30/25
Accident (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Collins, M. D. (Coroner)

5/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 5/2/1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 10107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 School St. St. 14 1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Mason

(a) RESIDENCE NO. 608 School St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8-1881

7 AGE: Years 45 Months 10 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John D. Mason

11 BIRTHPLACE OF FATHER (city or town) Calvert Co Md

(State or country)

12 MAIDEN NAME OF MOTHER Eliza Hall

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co Md

(State or country)

14 Informant Lizzie D. Mason

(Address) 1548 Fremont Ave.

15 Filed ..... 19 .....

1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Myocarditis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G Bladen M. D.

(Coroner)

Apr 29 26 (Address) 1437 B Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial May 1 26

20 UNDERTAKER: Virginia A. Brooks ADDRESS 1463 N. Carey

Spec.—12-9-25—A Co.—200 Blks.

E 10108

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 504 N. Gilmor St. St. 16-7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Connor Waters

(a) RESIDENCE NO. 504 N. Gilmor St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5th. 126

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work_____ D D

(b) General nature of industry, business, or establishment in which employed (or employer)_____

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jenfier Waters

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Somerset Co. Md

12 MAIDEN NAME OF MOTHER Leila Connor

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Pomoomocke City Md.

14 Informant Lielia Waters

(Address) 504 N. Gilmore St.

15 Filed_____ 19____ C. HAMPSON JONES, M. D.

Registrar

For_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30th. 1926 19

17

I HEREBY CERTIFY, That I attended deceased from April 29th. 1926 April 30th. 1926

that I last saw him alive on April 29th. 1926,

and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death! At place of death

Did an operation precede death! No. Date of

Was there an autopsy! No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery Date of Burial May 1, 1926

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10109

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Union ave ST.) 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Covahey

(a) RESIDENCE NO. 803 Union ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jan 1 1905

7 AGE: Years 21 Months 3 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER: John F. Covahey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary B McKeever

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary B Covahey

(Address) 803 Union ave

15 Filed 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl 30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to April 30, 1926, that I last saw her alive on April 27, 1926, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray & clinical exam

(Signed) unsigned, M. D.

(Address) 841 Chestnut ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Chenowith Son — ADDRESS: 847 Chestnut ave

Spec.—12-9-25—A Co.—200 Bks.

E 10110

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 10110

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1704 N. Port St. 6-2 Ward)

2-FULL NAME Catherine Sachs

(a) RESIDENCE NO. 1704 N. Port St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Louis Sachs

6 DATE OF BIRTH (month, day, and year): June 8/56

7 AGE: Years 67 | Months 10 | Days 21 | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Germany

(State or country)

10 NAME OF FATHER: John Hahn

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ger

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ger.

PARENTS

14 Informant: Louis Hahn

(Address): 1704 N. Port St.

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

Per .....

- 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/29/26 19

17 I HEREBY CERTIFY, That I attended deceased from Apr 15 19 26 to Apr 29 19 26 that I last saw h[illegible] alive on Apr 28 19 26 and that death occurred, on the date stated above, at 12 35 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Respiration Paralysis

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. 1 mos. ds.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

Apr 30 19 26 (Address) 1301 N. Port St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial 5/1 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Allen Ave

Very important. See instructions on back of certificates.

Cor.—I-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10111

CERTIFICATE OF DEATH.

E 10111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Bayard St. ST. 18-2 WARD)

REGISTERED NO. 169

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles S. Marshall.

(a) RESIDENCE NO 1219 W. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

a If married, WIFE or HUSBAND of Matilda Marshall.

DATE OF BIRTH (month, day, and year) December 22, 1894.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone mason.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER George T. Marshall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary E. --------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Matilda S. Marshall. (wife)
(Address) 1219 W. Fayette St.

Issued 1926. 12 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner)

May 1, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville Va DATE OF BURIAL May 7 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1211 W. Fayette

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10112 E 10112

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City (St.) 2735-1 (Ward) 1B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ivan Riley

(a) RESIDENCE NO. 168 W Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? Unknown ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE: Years 29 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER J. A. Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Dept Records

15 Filed 1926 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1926, to April 27, 1926, that I last saw him alive on April 27, 1926, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis

(duration) Unknown ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of —yrs

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Wm Paine Jr. M. D.

(Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

MAY 1 1926

THE M. E. TRUST

UNIVERSITY OF MARYLAND

HON. is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10113

CERTIFICATE OF DEATH.

101-20

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcellus Booker

(a) RESIDENCE NO. 205 S. Durham ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: 73 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Alex Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed 19 Registrar: C. HAMPSON JONES, M. D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1926

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1926, to April 28, 1926,

that I last saw him alive on April 28, 1926,

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Miller, M. D.

4/30/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAY 1 1926

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 10114 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10114

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 526 N. Washington St St., 7-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice K. Johnson

(a) Residence No. 526 N. Washington St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thos. B. Johnson

6-DATE OF BIRTH (month, day and year) Dec 3 1848

7-AGE: 77 yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) James H. Clifford
(Address) 1112 W. Fayette St

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 30 1926

17- I HEREBY CERTIFY, That I attended deceased from March, 1926, to April 29, 1926, that I last saw her alive on April 29, 1926, and that death occurred, on the date stated above, at 1 A. m. The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.
April 30, 1926 (Address) 2005 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 3, 1926

20-UNDERTAKER, George J. Smith — ADDRESS 15 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

E 10115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10115

CERTIFICATE OF DEATH.

REGISTERED NO. 74-09

1-PLACE OF DEATH

City of BALTIMORE: (No. 100 S. Mount St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Dunsmore Sr

(a) RESIDENCE NO 100 S. Mount St. 20 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: Emma F. Dunsmore

6 DATE OF BIRTH (month, day, and year): Oct 9th 1864

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
61	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B. C. R. R. 07

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER: James A. Dunsmore

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Hollen

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant: Emma F. Dunsmore

(Address) 100 S. Mount St Baltimore

Filed MAY 1 1926 C. HAMPSON JONES, M.D.

Registrar

Per Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29/26

17 I HEREBY CERTIFY, That I attended deceased from Apr 20 19 26, to Apr 24, 19 26, that I last saw h— alive on Apr 28, 19 26, and that death occurred, on the date stated above, at 5:55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chronic

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) James F. Hampson Jones, M. D.

4/30/26 (Address) 1729 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial May 1st 1926

20 UNDERTAKER: F. D. Heppe

ADDRESS: 850 W. Balto St

Spec.—1-12-23—M&T—500 Blks.

E 10116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 10116

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Gallow Ave ST., 13-6 WARD)

2-FULL NAME Richard Walters

(a) RESIDENCE NO. 2124 Gallow Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Frances Walters

6 DATE OF BIRTH (month, day, and year) Jany 9/1870

7 AGE — Years: 56 | Months: 3 | Days: 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Staffordshire England

PARENTS

10 NAME OF FATHER: William Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Sharrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Frances A Fitzpatrick
(Address): Rockridge Road Villa Nova Md.

Filed May 1 1926 19 E. L. Shields Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to April 30, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Substitital Nyphritis
unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetis mellitus
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ——

Was there an autopsy? NO

What test confirmed diagnosis? Symptoms mainly

(Signed) Charles Heath, M. D.

May 1st 1926 (Address) 1111 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Harry H Almacord

ADDRESS: 4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10117.

CERTIFICATE OF DEATH

90 E 10117

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John St. 26-1 (Ward)

2-FULL NAME James or Solomon

(a) RESIDENCE (No.) 27 Funky Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) D.C. (State or country)

PARENTS

10 NAME OF FATHER Samuel Solomon

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Margaret Ball

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926, to April 29, 1926, that I last saw him alive on April 29, 1926, and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) 4 (History) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Hall M. D.

April 29, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Dale DATE OF BURIAL May 3 1926

20 UNDERTAKER Robt. J. Smith ADDRESS 1402 N. Gay

Spec. 6-9-19—H. P. Co.—1000 Blks.

Senais King

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10118

CERTIFICATE OF DEATH.

E 10118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 N. Gilmor St. 16-b Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Senais King

(a) RESIDENCE. No. 1030 N Gilmor St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Cl

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 22, 1924

7 AGE Years 1 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nothing

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Raleigh N C.

PARENTS

10 NAME OF FATHER Wells King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Yanceyville NC

12 MAIDEN NAME OF MOTHER Beulah Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roxboro

14 Informant (Address) Wells King 1030 N Gilmor

15 Filed 1 - 1926 19

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to Apr 30, 1926, that I last saw h alive on April 30, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. T. Melvin, M. D.

19 (Address) 130 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 5/1 26

20 UNDERTAKER: David Eastman — ADDRESS: 916 Penn

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10119 — 58-91 — E 10119

CERTIFICATE OF DEATH.

10119

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 13-5 WARD)

2-FULL NAME Pauline Peters

(a) RESIDENCE NO. 2443 McCulloh St. St., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) Crewfield
(State or country) V. C.

10 NAME OF FATHER Harid Russen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) V. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant Pereta Wilson
(Address) 2442 Mc Culloh St

Filed ____, 19 ____ Per ____ Registrar

C. HAMPSON JONES, M. D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1926 to May 1st, 1926, that I last saw her alive on May 1st, 1926 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Post Operative Death due to Anemia and General debility and weakness (duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Anemia & Debility (duration) ____ yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 4/22/26
Abdominal Pelvic Exploration

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) C. H. Jones, M. D.

19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crewfield V. C.

DATE OF BURIAL May 1926

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1720 Caulard

Spec.—1-10-21—M&T—1500 Bks.

E 10120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10120

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N Rose ST., 7-23 WARD)

2-FULL NAME Louisa Riegel

(a) RESIDENCE NO. 519 N Rose ST., 7 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Riegel

6 DATE OF BIRTH (month, day, and year): Nov. 28, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katie Riegel

(Address): 519 N Rose St

15 1926 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-30-1926

17 I HEREBY CERTIFY, That I attended deceased from 4-24-1926 to 4-30-1926.

that I last saw her alive on 4-27-1926.

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

19 (Address) 1001 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Immanuel Cemetery

DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Louis Heemann

ADDRESS: 226 S Broadway

Spec.—1-10-21—M&T—1500 Bks.

Flicker

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 21

E 10121

CERTIFICATE OF DEATH.

118-001

E 10121

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Md Gen Hosp St. 11-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ellen Fletcher

(a) RESIDENCE NO. Locks, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Fletcher

6 DATE OF BIRTH (month, day, and year) Nov 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Miles McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ills

12 MAIDEN NAME OF MOTHER Sarah Louisa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Ellen Fletcher (Address) Locks Md

15 Filed MAY 2 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-26

17 I HEREBY CERTIFY, That I attended deceased from 4.22.26, to 5-1-26, that I last saw h alive on 5-1-26 and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia

Arteriosclerosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/24/26

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetary

DATE OF BURIAL May 3 1926

20 UNDERTAKER E Hunt & Son

ADDRESS Cemetary Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 10122

CERTIFICATE OF DEATH.

5/1/22

100-001

E 10122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard B. Glassman

(a) RESIDENCE NO. 3534 Overlook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 5 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 mo	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Hyman Glassman

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York City

12 MAIDEN NAME OF MOTHER Bertha Berger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Jack Lewis

(Address) Mercy Hospital

Filed 2 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mar 31, 1926. to May 1st, 1926.

that I last saw him alive on May 1st, 1926

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Eczema (Exudative Diathesis)

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (Terminal) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. E. Bonsack, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orchelan Cem

DATE OF BURIAL 5/2 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

E 10123 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 1571

CITY OF BALTIMORE: (No. Franklin Square Hospital; 137 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann Mayer.

(Residence in Baltimore: No. 1300 E. 42nd St.; St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 17 (Day), 1926 (Year)

7-AGE, ... yrs. ... mos. 14 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thomas Mayer Jr.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Julia Edrington

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J. Mayer Jr.

(Address) 1300 E. 42nd St.

15-

Filed ... 1926 ... 191 ...

HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1926, to May 1 1926 that I saw h er alive on May 1 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

Mitral Insufficiency

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Inanition

... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. C. Jacob M. D.

..., 191... (Address) Franklin Square Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Ft. Marie Hampden | DATE OF BURIAL, May 3, 1926

20-UNDERTAKER Horace F. Burgee ADDRESS 363 Fallsway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10124

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 10124

1-PLACE OF DEATH

City of BALTIMORE: (No. 1815 Walbrook ave. St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca S. Crowther

(a) RESIDENCE NO. 1815 Walbrook Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Parker S. Crowther

6 DATE OF BIRTH (month, day, and year) Feby 8-1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co Md

(State or country)

PARENTS

10 NAME OF FATHER Parker S. Crowther

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Eliz. McCauley

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Geo. S. Crowther

(Address) 4210 Belvieu ave.

15 Filed ..... 19 ..... C. HARRY JONES, M. D. Registrar

7-1926 PS RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

April 30

17 I HEREBY CERTIFY, That I attended deceased from 6/1/25, 19..., to 4/30/26, 19..., that I last saw h... alive on 4/30/26, 19..., and that death occurred, on the date stated above, at 3:20 m.

The CAUSE OF DEATH was as follows:

Cervix Cancer Grade IV

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ... Date of ...

Was there an autopsy? —

What test confirmed diagnosis? ...

(Signed) ... M. D.

(Address) ...

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dunkard Date of Burial

St. Mary's Cemetery May 3 1926

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

Dr Whitehead

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10125

CERTIFICATE OF DEATH.

129 E 10125

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (a) Hebrew Home for Aged & Infirm St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lina Gittelman

(a) RESIDENCE NO. 726 N. Gay St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 90 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): old age home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant

(Address)

Filed 2-1926 C. HAMPSON JONES, M. D. Registrar

By KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25, to May 1, 1926, that I last saw h[illegible] alive on April 30, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Whitehead, M. D.

May 12, 1926 (Address) 1911 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herrman Rem Date of Burial: May 12 1926

20 UNDERTAKER: Jack Louis ADDRESS: 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10126

E 10126

CERTIFICATE OF DEATH.

173

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument St & Rutland Ave 8-V WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward C. Fishler

(a) RESIDENCE NO. 1924 E. Lanvale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Josephine L Fishler

6 DATE OF BIRTH (month, day, and year) Feb 24-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Federal Reserve Bank

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Emroy Fishler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Josephine L Fishler (Address) 1924 E Lanvale St

15 Filed MAY 2 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1926.

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 30, 1926.

that I last saw him alive on April 30, 1926

and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic cholecystitis & Peritonitis for which drainage was done Pro tem drained Rem

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 4/15/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab & operation

(Signed) D. Arthur Linde, M. D.

(Address) Hebrew Hospital

, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Henry Lutz

ADDRESS: 203 N. Broadway

Very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

E 10127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127

E 10127

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1528 Lancaster st. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Zabawa

(a) Residence No. 1528 Lancaster st. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Andwik Zabawa

6-DATE OF BIRTH (month, day and year): March 15-1881

7-AGE: 45 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS

10-NAME OF FATHER: Joseph Cetnoar

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Mary Tribek

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14-

(Informant): Andwik Zabawa

(Address): 1528 Lancaster st.

15-

[illegible] 2 - 1926 [illegible], 19 S. HARPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 30 1926

17- I HEREBY CERTIFY, That I attended deceased from April 28, 19 to April 30, 1926.

that I last saw her alive on April 30, 1926

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. 2 ds.

CONTRIBUTORY (Secondary): Chronic nephritis, arteriosclerosis

unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis Januzoski M. D.

5/1, 1926 (Address) 2431 Ann E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Stanislaus	May 3 1926
20-UNDERTAKER.	ADDRESS
George A Weber	2205 Bank st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10128 | CERTIFICATE OF DEATH. | +17 E 10128

1-PLACE OF DEATH: BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) [illegible] St. 76-1 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: John B yard

(a) RESIDENCE NO. Essex, Md. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Byard.

6 DATE OF BIRTH (month, day, and year): 1846

7 AGE: Years 80yr. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: ? Md.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed 2-1926, 19.. C. HAMPSON JONES, M. D. Registrar
Per RAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1925, to April 30, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Kiselle, M. D.

4/30/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: May 2nd 1926

20 UNDERTAKER: Leo D. Cook ADDRESS: 1723 Patterson Ave

FROM 8 to 5 very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10129

CERTIFICATE OF DEATH.

101-001

E 10129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Ann Street ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph . Nowak

(a) RESIDENCE No. 310 S. Ann Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ MALE

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine . Nowak.

6 DATE OF BIRTH (month, day, and year): Dec. 2 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: William . Nowak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Frances. Zielinska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Catherine . Nowak
(Address) 310 S. Ann Street

15 Filed Y 2nd 1926 19 HAMILTON JONES, M. D. Registrar
R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27 26 19

17 I HEREBY CERTIFY, That I attended deceased from 4-24, 19 26, to 4-26, 19 26,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel L Hinkes, M. D.

, 19 26 (Address) 3325 Pat Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May 3 1926

20 UNDERTAKER: John A. Weber ADDRESS: 1893 Bank

Spec.—1-10-21—M&T—1500 Blks.

E 10130 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 10130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. H 3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert E. Nash

(a) RESIDENCE NO. 156 N. Gay St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE: Years 67 Months Days If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER Edward Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Nash

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Baltimore City Hospitals Records
(Address)

15 Filed APR 29 1926 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25. 1926. to April 27. 1926.

that I last saw him alive on April 27. 1926.

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. (History) mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 4 (History) mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller M. D.

4/29 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL 5/2 1926

20 UNDERTAKER Sol Lippman & Bro

ADDRESS 127 E Baltimore St

For ..... Pct. .....

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 10131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-9 WARD)

2-FULL NAME Aaron Farber

(a) RESIDENCE No. 2480 Presbury St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. — mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. 5 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE: Years 18 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER Harry Farber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Fannie Bloom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 2 - 1926 HAMPSON JONES, M. D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1926

17

I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 1, 1926

that I last saw him alive on May 1, 1926

and that death occurred, on the date stated above, at 8:20 P.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign, Cerebello-Pontine Angle

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? yes no Date of May 1, 26

Was there an autopsy? ...

What test confirmed diagnosis? Operation

(Signed) W. S. Hall, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York N.Y.

DATE OF BURIAL: 5/2, 1926

20 UNDERTAKER: Hof Guinan & Bro

ADDRESS 112 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10132

CERTIFICATE OF DEATH.

90 E 10132

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3408 Mondawmin Ave St., 13 Ward)

2-FULL NAME James. Epstein

(a) RESIDENCE NO. 3408 Mondawmin Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena

6 DATE OF BIRTH (month, day, and year): Sept 25 1864

7 AGE — Years: 61 Months: 7 Days: 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Israel Epstein

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Cert. Nic.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant Lena Epstein

(Address) 3408 Mondawmin Ave

15 Filed ..... 19..... Registrar

C. HAMPTON JONES, M. D.

MAY 2 - 1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C C Fadies M. D.

(Coroner)

May 2 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Heb. Friendship Date of Burial 5/2 1926

20 UNDERTAKER Hof Funeral Svc ADDRESS 1127 E Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10133

CERTIFICATE OF DEATH.

101-001 E 10133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 235 N. Montford (St.) (Ward) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Baily

(a) RESIDENCE. NO. 235 N. Montford Ave. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Unknown 1885

7 AGE: Years 41 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ruby Baley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Ruby Baley (Address) 235 Montford ave

15 Filed 2-1926 By

16 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to April 29, 1926, that I last saw him alive on April 28, 1926, and that death occurred, on the date stated above, at 8½ a m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. G. Leyh, M. D.

19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbury cemetery May 2. DATE OF BURIAL: 2/6

20 UNDERTAKER: Milton Davis ADDRESS: 916 N Eden St

See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10134

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 10134

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 225 Ward)

2-FULL NAME Hilda Perkal

(a) RESIDENCE NO. 2443 Woodbrook Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fritz Perkal

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Fritz Perkal

(Address) 2443 Woodbrook Ave

15 Filed ..... Registrar

HARRISON JONES

MAY 2 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 2d

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Paralysis Left Side

(Duration) ....yrs. ....mos. 1 ds.

(Signed) G. E. Glades M. D.

(Coroner)

May 2/26 Address 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Hebrew Mt. Carmel 5-2-1926

20 UNDERTAKER ADDRESS

Jack Levin, 1439 E. Balto

Spec.—1-10-21 M&T 1500 Bks.

10135

HEALTH DEPARTMENT—CITY OF BALTIMORE

H4E 10135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Bryst ave ST 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hachum Epstein

(a) RESIDENCE NO. 2002 Bryst ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Epstein

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nacha Epstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Frida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. [illegible]

15 Filed. MAY 2 1926 HARRISON JONES, M.D. Registrar K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby ....., 1926., to May 1 — , 1926.

that I last saw him alive on May 1 — , 1926.

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer on cancer.

(duration) yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) + yrs. mos. ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? none special, none elected

(Signed) O. H. Hoffman, M. D.

5/2, 1926 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Wash. Road

DATE OF BURIAL 5-2- 1926

20 UNDERTAKER Jack Lewis, 1439 E. Balto

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

E 10136
1-PLACE OF DEATH

REGISTERED NO. E 10136

City of BALTIMORE: (No. Hazlett Street, Norwood St. Heights 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona L. Wiebking

(a) RESIDENCE NO. Hazlett St. Norwood Hgts St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): November 5, 1893

7 AGE — Years: 32 | Months: 5 | Days: 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Seamstress 0 69
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Louis H. Wiebking, Sr.

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Koehler

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Baltimore, Maryland

14
Informant Louis H. Wiebking Jr.
(Address) 2519 Shirley Avenue

15 Filed Apr. 30 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1926

17
I HEREBY CERTIFY, That I attended deceased from Mar 16, 19 24, to Apr. 29, 19 26,
that I last saw her alive on Apr. 29, 19 26
and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis. Heart
Cardiac Insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) — yrs. — mos. — ds.

18 Where was disease contracted
If not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Hank E. Hagner, M. D.
Apr. 30, 1926 (Address) 1006 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: May 3 19 26

UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 W. Balto. St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10137

CERTIFICATE OF DEATH.

31 E 10137

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 812 Mangold Street St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olive Mueller

(Residence in Baltimore: No. 812 Mangold Street St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: January (Month) 3 (Day) 1902 (Year)

7-AGE: 24 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

037

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: William H. Young

11-BIRTHPLACE OF FATHER, (State or Country): Boonsboro, Md.

12-MAIDEN NAME OF MOTHER: Florence Carlisle

13-BIRTHPLACE OF MOTHER, (State or Country): Bellville, Ill.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L. Mueller

(Address) 812 Mangold Street

15-

Filed MAY 2 - 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Samuel D. Baker M. D.
(Coroner)

1926 (Address) 332 S. Patterson Pk Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 4 1926

20-UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 W. Balto. St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10138

CERTIFICATE OF DEATH.

161-001

E 10138

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2907 Atlantic Ave ST. 9-2 WARD

2-FULL NAME Edgar Allen Lake

(a) RESIDENCE. NO. 2907 Atlantic Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 12 1926

7 AGE: Years —— Months 1 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Ed Lake

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Mary J. McGuigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Brooklyn New York

14 Informant: Ed Lake (Address) 2907 Atlantic Ave

15 Filed 12-1926 C. HAMPTON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1926, to May 2, 1926.

that I last saw him alive on May 1, 1926,

and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) Life yrs. mos. ds.

CONTRIBUTORY (Secondary): Premature birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physician's signs &c

(Signed) Wm Hayward M.D.

19 (Address) 1134 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooklyn New York

DATE OF BURIAL: May 5" 26

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 W Baltimore St

Spec.—1-10-21—M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10139

CERTIFICATE OF DEATH.

+93 E 10139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Portuta Massey

(a) RESIDENCE NO. Astrue Court ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ##

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER Ben Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Portuta Potts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6 1926 to May 1 1926

that I last saw her alive on May 1 1926

and that death occurred, on the date stated above, at 3 40 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

Pulmonary Embolism—

Pulmonary Edema

(duration) yrs. mos. 14 hrs

CONTRIBUTORY (Secondary) Phlebitis of Femoral Veins

(duration) yrs. mos. 13 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 6, 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Forgett Gardner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dayton Ohio

DATE OF BURIAL 5/3/26

20 UNDERTAKER Joseph Ahern

ADDRESS 221 Bway

Spec—12-23-21—E.B.P.S.—400 Bks.

E 10140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 10140

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1933 Hest St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Birdak

(a) Residence No. 1933 Hest St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Mal

4-COLOR OR RACE: Wht

5-Single, Married, Widowed, or Divorced, (Write the word.): Sngl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): May 1st

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 3 hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanos Birdak

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Isabell Sawdon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

11- (Informant) Stanley Birdak

(Address) 1933 Hest St

15- Filed ....., 193.. C. HARRISON JONES, M. D. Registrar.

E. 1520. RK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 1st

17- I HEREBY CERTIFY, That I attended deceased from May 1, 19 26 to May 1, 19 26

that I last saw h. w. alive on May 1, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysanek M. D.

(Address) 801 E. Edmondson

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: H. Hawdaws. DATE OF BURIAL: May 2 1926.

20-UNDERTAKER: M. F. Sadowski. ADDRESS: 705 S. Amity St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10141

CERTIFICATE OF DEATH.

161-001

E 10141

Registered No.

1 PLACE OF DEATH

City of BALTIMORE: (No. 1933 Fleet St. Ward) 2-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Thomas Birlat

(a) Residence No. 1933 Fleet St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): May 1 26

7-AGE: ....yrs. ....mos. ....ds. If LESS than 1 day, 3 ....hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Thomas Birlat

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Katie Sandborn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Boston

14-INFORMANT: Thomas Birlat

(Address) 1933 Fleet St

15- Filed 2 - 1926 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 1 26

I HEREBY CERTIFY, That I attended deceased from May 1 26 to May 1 26

that I last saw h... alive on May 1 1926

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed William J. Reynolds M.D.

May 2 1926 (Address) 801 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus, DATE OF BURIAL: May 2nd 1926.

20-UNDERTAKER: M. F. Sadowski, ADDRESS: 705 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

E 10142 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 10142

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 118 N. Linwood ave

CITY OF BALTIMORE: (No. 6-3 ST., WARD)

2-FULL NAME James Buchanan Gaunt

(a) RESIDENCE NO. 118 N. Linwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Elizabeth Gaunt

6 DATE OF BIRTH (month, day, and year) April 26, 1858

7 AGE — Years: 68 Months: 0 Days: 4 If LESS than 1 day, hrs. or min. 5-

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Guard 061

(b) General nature of industry, business, or establishment in which employed (or employer) Detective

(c) Name of employer Pinkerton's

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Samuel Gaunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Forsythe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Elizabeth J. Gaunt

(Address) 118 N. Linwood Ave

Filed MAY 2 - 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 1, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at 7 40 Am.

The CAUSE OF DEATH* was as follows:

Pneumonia — hypostatic

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulm. oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) L. Fuhlenger M. D.

, 19 (Address) 3084 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County

DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Robt J. Turner

ADDRESS 1424 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 10143 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 665 Pierce ST. 17-3 (WARD)

2-FULL NAME Alberta Blue

(a) RESIDENCE No. 665 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Franklin Blue

6 DATE OF BIRTH (month, day, and year) - - 1869

7 AGE Years 56 Months ? Days ! If LESS than 1 day, hrs. or min.

57

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queen Ann Co Md

PARENTS

10 NAME OF FATHER Ephraim Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Golder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Franklin Blue 665 Pierce ST

15 Filed Y 2 1926 19 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 16, 1926, to April 30, 1926, that I last saw her alive on April 29, 1926, and that death occurred, on the date stated above, at 12:40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. F. Howell M. D.

19 Address 1911 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 5/2/ 1926

20 UNDERTAKER Samuel J. Hemsley

ADDRESS 918 N Bridle

Spec.—1-10-21—M&T—1500 Bks.

E 10144

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 10144
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Mc Culloh ST. 11-1 WARD)

2-FULL NAME Wm Johnson

(a) RESIDENCE NO. 1213 Mc Culloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Kate Johnson

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Johnson

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Samuel Williams
(Address) Towson Md

15 Filed 1926 C. HAMPSON JONES, M. D.
Registrar
For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29. 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23d 1926 to April 29th 1926.

That I last saw h[illegible] alive on April 29th 1926,

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. [illegible] M. D.

4/30, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathay Cemetery — DATE OF BURIAL. May 2 1926

20 UNDERTAKER Mrs R. G. Elliott — ADDRESS 1225 Eutaw

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10145

CERTIFICATE OF DEATH.

E 10145

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.H.) ST., 13-5-31 WARD)

2-FULL NAME William C. SMITH Smith.

(a) RESIDENCE No. 2526 Druid Hill ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1874 Mar 6

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or .. min.
	52	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Laborer~~ Porter

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Unknown~~ Hotel

(c) Name of employer Smith's Hotel

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Unknown~~ Md.

12 MAIDEN NAME OF MOTHER Maria Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Unknown~~ Md.

14 Informant Thomas T. Smith (Address) 2035 Druid Hill Ave

15 Filed APR 2 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to April 29, 1926, that I last saw him alive on April 29, 1926, and that death occurred, on the date stated above, at 9.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical and autopsy findings

(Signed) Wm McPhail Jr. M. D.

4-30-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL May 3 1926

20 UNDERTAKER Wm. M. Johnson

ADDRESS 1239 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10146

CERTIFICATE OF DEATH.

90

E 10146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E. Lafayette St. 17-6 WARD)

2-FULL NAME Aline Clavert

(a) RESIDENCE NO. 425 E Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 65 Months Days If LESS than 1 day, ...hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Nicholas Clavert

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Marg. Millo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Miss Milena Clavert

(Address) Millbrook New York

15 Filed ... 19 ... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29- 1926

17

I HEREBY CERTIFY That I attended deceased from April 19. 1926. to April 29. 1926. that I last saw her alive on April 29. 1926 and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Stethoscope

(Signed) Mary F. Sargent M. D.

. 19 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL May 3. 1926

20 UNDERTAKER Rita Wiedefeld

ADDRESS 914 Greenmount Ave

Spec.—12-9-25—A Co.—200 Bks.

E 10147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10147

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 Boyle St. 24 W Ward)

2-FULL NAME John T. Lycett

(a) RESIDENCE NO. 1512 Boyle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Scheeler Lycett

6 DATE OF BIRTH (month, day, and year): Dec. 6. 1875

7 AGE: Years 50 | Months 4 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tally Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

10 NAME OF FATHER Michael Lycett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann R. McNeal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

PARENTS

14 Informant Mrs. John T. Lycett

(Address) 1512 Boyle St.

15 Filed 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

[redacted] 30

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926, to April 30, 1926

that I last saw h[redacted] alive on April 30 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

May 2, 1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem. Date of Burial: May 3 1926

20 UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light

Spec.—1-1921—M&T—1500 Bks.

1914 10

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10148.

+38 E 10148

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Collins.

(a) RESIDENCE NO. Floatsville, W Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Collins

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va -

PARENTS

10 NAME OF FATHER Alvin Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Rosie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28th 1926 to May 1st 1926

that I last saw h alive on May 1st 1926,

and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure on basis of aortic insufficiency and luetic aortitis with tremendous cardiac hypertrophy, diabetes, bronzed pericardial effusion (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? West Virginia

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Lowell S Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wynantskill, N. Y.

DATE OF BURIAL 5/4 1926

20 UNDERTAKER E. J. Fanning Store

ADDRESS 1516 E. Lafayette

Y 2 - 1926

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10149

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Home

CITY OF BALTIMORE: (No.) H. H. ST., 7-1 WARD)

2-FULL NAME Louis Sheri

(a) RESIDENCE NO. Cohoke Va. ST., ... WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. 7 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benj Sheri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1429 Eutaw

15 Filed MAY 2 - 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1926, to May 2, 1926, that I last saw him alive on May 2, 1926, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Streptococcic hemolytica Septicemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of April 2, 1926

Was there an autopsy?

What test confirmed diagnosis? Blood Culture

(Signed) Philip Levenson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va

DATE OF BURIAL 5-5 19 26

20 UNDERTAKER Jack Lewis 1429 Eutaw

ADDRESS

Please write very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10150 + 86 001 **E 10150**

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. ..... ST., 71 WARD)

2-FULL NAME Jessie E. Stephenson

(a) RESIDENCE No. Anderson S.C. ..... ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk in office

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartwell Ga

PARENTS

10 NAME OF FATHER Charles Stephenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hartwell Ga

12 MAIDEN NAME OF MOTHER Martha Terrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hartwell Ga

14 Informant ..... (Address) Johns Hopkins Hospital

15 Filed MAY 2 1926 C. HAMPSON JONES M. D. Registrar. By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16 1926 to May 1 1926.

that I last saw h alive on May 1 1926.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia

CONTRIBUTORY (Secondary) Otitis media (duration) yrs. ..... mos. 4 ds.

(duration) yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E W Peckham, M. D.

5-2, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville S.C. DATE OF BURIAL May 5 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1301 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10151

CERTIFICATE OF DEATH.

129

E 10151

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1823 Park Ave. (St.) 13-6 (Ward)

2-FULL NAME Emily Ramsey Parsons.

(a) RESIDENCE NO. 1823 Park Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Edwin Parsons.

6 DATE OF BIRTH (month, day, and year): Oct. 10, 1839

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Henry S. Ramsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Topsham England

12 MAIDEN NAME OF MOTHER: Jane Collings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Malling England

14 Informant: Mr. Harold O. Cupit.

(Address) 3200 Elgin ave.

Filed 3 1926, 19

C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 30 1926

17

I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 30, 1926,

that I last saw h.. alive on April 30, 1926,

and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) about 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No signs and symptoms.

What test confirmed diagnosis? microscopic examination, physical signs

(Signed) J. S. Bennett, M. D.

May 2, 1926 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: May 2 1926

20 UNDERTAKER: W. M. Tuckwell Sons.

ADDRESS: North Ave

TION is very important. See instructions on back of certificates. ...property claimed. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10152

CERTIFICATE OF DEATH.

90 E 10152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 23-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Johnson

(a) RESIDENCE NO. 230 N Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 40 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Alec Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Rosie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1926, to April 29, 1926, that I last saw him alive on April 29, 1926, and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency.
Chronic myocarditis 8 (History)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insuff. 4 (History)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) A Lindsay Miller M. D.

5/11, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Baltimore City Hospitals Records (Address)

C. HARPER JONES, D.

MAY 3 - 1926

Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct

DATE OF BURIAL: May 3 1926

20 UNDERTAKER: J. L. Brown & Son

ADDRESS: 1031 W. Mad

Note—It is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

128

E 10153

CERTIFICATE OF DEATH.

REGISTERED NO. **E 10153**

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 N Mount St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Maitland

(a) RESIDENCE NO. 821 N Mount St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) April 13th 1821

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer etc

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Yard

(c) Name of employer Geo. Helbrick & Son

9 BIRTHPLACE (city or town)

(State or country) N. C.

PARENTS

10 NAME OF FATHER Benjamin Maitland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Rosie Maitland

(Address) 821 N. Mount st

15 Filed....., 19.....

3 - 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 29 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:*

AC Nephritis (Chronic)

(Duration) yrs. mos. 3. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) C C Yates M. D.

(Coroner)

(Address) May 3/26 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Cem May 3rd 1926

20 UNDERTAKER — ADDRESS

A. Jones 111 S. Gilmor

Spec.—12-9-25—A Co—200 Bks.

E 10154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10154

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 807 N Bruce St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula Ruth

(a) RESIDENCE NO. 807 Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Hampton Ruth

6 DATE OF BIRTH (month, day, and year): May 19 1886

7 AGE: Years 39 | Months 11 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: Mulcage Cumming

11 BIRTHPLACE OF FATHER (city or town):

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Lula Bush

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): S. C.

14 Informant: Hampton Ruth

(Address): 807 Bruce St

15 Filed ..... 19 .....

HARRISON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 17, 1926, to May 1, 1926, that I last saw h[illegible] alive on Apr 29, 1926, and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

6

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death

Date of

Was there an autopsy

What test confirmed diagnosis

(Signed) E William Frey M. D.

5/1, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: May 3 1926

20 UNDERTAKER: Daniel Easton

ADDRESS: 716 Pa ave

MAY 3 - 1926

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10155

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 10155

Registered No. C.....

City of BALTIMORE: (No. 122 N. Carlton St. 18-2 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Chapman

(Residence in Baltimore: No. 122 N. Carlton 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Cold

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day) (Year)

7-AGE. 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Va

PARENTS

10-NAME OF FATHER. Robt Chapman

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Chapman

(Address) 122 N. Carlton St

15- MAY 3 - 1926 C. HAMPSON JONES, M. D. Registrar.

Per

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. Apr 30 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

about

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thos E. Horton

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

May 7 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Baltimore, Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn — DATE OF BURIAL. May 3 1926

20-UNDERTAKER. Sam Carson — ADDRESS. 716 Fac

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10156

CERTIFICATE OF DEATH.

31 ~E 10156

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Parsons

(a) RESIDENCE NO. 400 W. Camden st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1888~~ Nov 6 1893.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
33 ~~40~~	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 050

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Parsons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Edith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records (Address)

15 Filed 3-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 30, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Wm McKane M. D.

4-30-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 3 1926

20 UNDERTAKER: John J. Fields — ADDRESS: 1200 W Lombard

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10157

91-002

CERTIFICATE OF DEATH.

E 10157

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Dornberg.

(Residence in Baltimore: No. 5010 Litchfield Ave. (Arlington). St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. April (Month) 25 (Day) 1843 (Year)

7-AGE. Wife-Caroline 83 yrs. - mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Cattle
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER. Leopold Dornberg

11-BIRTHPLACE OF FATHER, (State or Country) Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Lee Dornberg

(Address) 3513 Springdale Ave.

15- C. HAMPSON JONES, M. D.

MAY 3 - 1926 192 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 1st. (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Arteriosclerosis

Cardiac Hypertrophy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Odema

(Duration) yrs. mos. ds.

(Signed) J. H. Wade M. D.
(Coroner)

5/1/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship Cem.	May 3rd. 1926

20-UNDERTAKER.	ADDRESS
David Sondheim	115-20 W. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10158

CERTIFICATE OF DEATH.

129 E 10158

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 Maryland ~~st.~~ Ave. 25-4 Brooks.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry D. Byrd.

(a) RESIDENCE NO. 506 Maryland ave. Ward Brooks

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Byrd.

6 DATE OF BIRTH (month, day and year) Mch. 20 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Odon Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alameda Parker

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Mrs Byrd. (Address) 506 Maryland ave.

15 Filed ..... 19 ..... Per ..... Registrar

C. HARPSON JONES, M. D.

3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1 26, to May 2 1926, that I last saw h.. alive on May 2 26, and that death occurred, on the date stated above, at 2 AM.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of a chronic Nephritis

Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Hall, M. D.

May 3/26 (Address) 1 W. 3 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial 5/4 1926

20 UNDERTAKER J. Flew McCully ADDRESS 130 E. Fayette

(See instructions on back of certificates.)

(See reverse side for OCCUPATION 18)

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10159 129 **E 10159**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1924 Henneman St St. 8-L Ward)

2-FULL NAME Henry C. Denby

(a) RESIDENCE NO. 1924 Henneman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jane Denby

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Ella Johnson (Daughter)

(Address) 2112 Keyser St

15 Filed 5-1926 C. HAMPSON JONES, M. D. Registrar

Ex L/C

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Possible Chr. Nephriti

(duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Collier, M. D.
(Coroner)

5/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial May 3 1926

20 UNDERTAKER Jos. T. H. Rochester ADDRESS 1413 Jefferson

Very important. See instructions on back of certificate. NATURE OF OCCUPATION IS

E 10160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10160

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1900 Boone St. St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah E. Hayne

(Residence in Baltimore: No. 2109 Erdman Ave. St.; yrs. 74 mos. 6 ds. 24)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. October 6, 1851
(Month) (Day) (Year)

7-AGE. 74 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John H. Craig

11-BIRTHPLACE OF FATHER, (State or Country), Glascoe, Scotland

12-MAIDEN NAME OF MOTHER, Eliza Hamilton

13-BIRTHPLACE OF MOTHER, (State or Country), Philadelphia, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mrs. Jessie H. Erdman
(Informant)
2109 Erdman Ave.
(Address)

15- Filed MAY 3 - 1926, 192.. Number ..... C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29/26
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins (Coroner) M. D.

5/1/26 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lorraine Cemetery	May 3, 1926

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

E 10161 HEALTH DEPARTMENT—CITY OF BALTIMORE

88 E 10161

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Carmel ST. 11-2 WARD)

2-FULL NAME Harry W. Johnson

(a) RESIDENCE NO. 337 Carmel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 9 1885

7 AGE: Years 40 Months 11 Days 20 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Chas Weber

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Annie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Dorthy Bayton

(Address) 337 Carmel st

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.

Per ..... Registrar

3-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29 1926

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 29, 1926.

that I last saw him alive on April 29, 1926.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Harry Glassman M. D.

May 2 1926 (Address) 2268 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Joseph A. Lucky — ADDRESS: 1412 Hunters ave.

Print in very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10162 101-00

CERTIFICATE OF DEATH.

E 10162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 N. Milton ST. 6-3 WARD)

2-FULL NAME Paul F. Ritter

(a) RESIDENCE NO. 201 N. Milton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eda Ritter

6 DATE OF BIRTH (month, day, and year): Jan 5 1859

7 AGE — Years: 67 — Months: 3 2 — Days: 27 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Broom Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Charles Ritter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Mary Hippchan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant (Address): Clara Riess 201 N. Milton ave

15 Filed ... 19 ... Registrar

MAY 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29 1926 to May 2 1926

that I last saw him alive on May 2 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Unresolved Pneumonia,
Pulmonary Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm G. Leyer M.D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 4 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 10163

HEALTH DEPARTMENT—CITY OF BALTIMORE

K-001

E 10163

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 W. University Parkway ST., 19th WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle C. Hope

(a) RESIDENCE NO. 841 W. University Parkway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Aug 6. 1856

7 AGE: Years 70 | Months 8 | Days 26 | If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del.

PARENTS

10 NAME OF FATHER Wm. H. Hope

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Helen Blaine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Parker Dis[illegible] (Address) 841 W. University Parkway

15 Filed MAY 3 - 1926 Registered No. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April [illegible], 1926, to May 2, 1926, that I last saw h[illegible] alive on May 2, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. ... mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) C. W. Gibson, M. D.

19 (Address) 827 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul. Mem. | DATE OF BURIAL: May 4 1926

20 UNDERTAKER: John O. Mitchell | ADDRESS: 120 W. Fayette

Spec.—1-10 21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10164

CERTIFICATE OF DEATH.

V-001

E 10164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Longwood Road ST., Roland Park 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Harcourt Pulis

(a) RESIDENCE NO. 10 Longwood Road ST., 27th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Pulis

6 DATE OF BIRTH (month, day, and year): Oct 5. 1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): New Ark N.J.

PARENTS

10 NAME OF FATHER: Rev. Richard Harcourt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie F. Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.J.

14 Informant: Annie F. Harcourt (Address) 10 Longwood Road

15 Filed ..... 19 .....

C. HANSON JONES, M.D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1. 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1926, to May 1, 1926.

that I last saw her alive on May 1, 1926.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Right Hemiplegia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): General Arterio-Sclerosis

(duration) 6 yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. Gibson Porter, M. D.

5/2, 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: May 4 1926

20 UNDERTAKER: John O. Mitchell

ADDRESS: 120 N. Eutaw St

MAY 3 1926

HOW TO BE FILLED. See instructions on back of certificates. Important. DEPARTMENT OF OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10165

CERTIFICATE OF DEATH.

101-201

E 10165

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Sing Sam (Henry. Der)

(a) RESIDENCE NO. 946 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Chinese Malay	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China —

PARENTS

10 NAME OF FATHER Louis Sam

11 BIRTHPLACE OF FATHER (city or town) (State or country) China -

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Louis Sing Sam. (Address) 946 N Broadway

15 Filed MAY 3 - 1926 19 H. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1926, to May 1st, 1926, that I last saw h[illegible] alive on May 1st, 1926, and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac Failure —

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? By clinical

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) Baltimore Cemetery DATE OF BURIAL May 3 1926

20 UNDERTAKER John O. Mitchell ADDRESS 190 W. Fayette St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10166

CERTIFICATE OF DEATH.

57

E 10166

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Walter Chapman

(a) Residence No. 825 Hamilton Place St., Ward 3

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Aug 17. 1879

7-AGE: 46 yrs. 8 mos. 14 ds. If LESS than 1 day ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Coal

(b) General nature of Industry, business, or establishment in which employed (or employer): merchant

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Wm. J. Chapman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Sallie E. Bayly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

11- (Informant): Wm J Chapman

(Address): Edgemere, Catonsville

13- MAY 3 - 1926 Health Commissioner

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 1/1926.

17- I HEREBY CERTIFY, That I attended deceased from Friday noon April 30 1926 to May 1st 1926

that I last saw him alive on May 1st 1926

and that death occurred, on the date stated above, at 3.00 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) Diabetes Mellitus (Duration) 2 yrs mos ds

18-Where was disease contracted if not at place of death? Commonwealth Club, Hamilton Terrace

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. W. Bridges M. D.

, 19 (Address) 11-E. Chase St-Balto.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: May 3 1926

20-UNDERTAKER: John O. Littlefield

ADDRESS: 1201 W. Fayette St.

Spec. 1-10-24—M&T—1500 Bks.

10167.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 Woodland ave (St.) East (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helen Martin

(a) RESIDENCE NO. 101 Woodland ave St. East Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6 DATE OF BIRTH (month, day, and year): April 2nd 1926

7 AGE — Years: 0 — Months: 1 — Days: 0 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: /

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: /

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Herbert Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Martha Isabelle Riddel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: John Herbert Martin (Address) 101 Woodland ave

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2 . 1926 , to May 2 . 1926 , that I last saw her alive on April 26 . 1926 , and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition.

Congenital Asthenia (duration) yrs. 1 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Abner Bruden, M. D.

5/2, 1926 (Address) 1517 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 5/3/26

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson ave

MAY 3 - 1926

Spec.—1-12-23—M&T—500 Blks.

Sarah A Sheppard

E 10168

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Homewood Hosp. 129

CITY OF BALTIMORE: (No. 2724 N. Charles St., 95 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A Sheppard

(a) RESIDENCE NO. 2905 Kennedy St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Benj Sheppard

6 DATE OF BIRTH (month, day, and year) Dec 25 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	72	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto- Md

PARENTS

10 NAME OF FATHER Chas. Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto- Md

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto- Md

14 Informant Wm W. Sheppard (Address) 2905 Kennedy St

15 Filed ... 19... Per ... Registrar

MAY 3 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 17, 19 26, to May 1, 19 26.

that I last saw h alive on May 1, 19 26

and that death occurred, on the date stated above, at 8 11 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Grippe

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. 9 mos. ... ds.

18 Where was disease contracted If not at place of death? 2905 Kennedy

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) ... M. D.

... 19 26 (Address) 2724 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL May 4 1926

20 UNDERTAKER J. Ahrens & Co

ADDRESS 33 W Lanvale

Instructions on back of certificate.

...Cor.—1-12-23—M&T—100 Bks.

E 10169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10169

CERTIFICATE OF DEATH.

25-474-D

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 628 First St. Westport. ST. 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian C. Dalziel.

(a) RESIDENCE No 628 First St. Westport. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a If married, widowed, divorced
(or) WIFE of Robert Dalziel.

6 DATE OF BIRTH (month, day, and year) December 25, 1858.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS

10 NAME OF FATHER Alexander Carrick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Catherine H. Monroe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland.

14 Informant Robert Dalziel. (son)
(Address) 628 First St. Westport.

15 MAY 3 - 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

April 30, 1926 (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 3 1926

20 UNDERTAKER Nelson E. Stiles

ADDRESS 231 No. Ave Westport

Spec.—12-9-25—A Co.—200 Blks.

3949 Fort Road.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 10170

CERTIFICATE OF DEATH.

E 10170

1-PLACE OF DEATH

City of BALTIMORE: (No. 4739 Forest Ave St. 27-9 Ward) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Guy F. Arthur

(a) RESIDENCE NO. 4739 Forest Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora B.

6 DATE OF BIRTH (month, day, and year) March 24 1874

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	52	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Handler

(b) General nature of indnstry, business, or establishment in which employed (or employer) 2-07-73

(c) Name of employer Penn. R.R.

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Samuel F. Arthur

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Bennett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Samuel F. Arthur

(Address) 2-9 Hollins

15 Filed 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to April 30, 1926, that I last saw h.m alive on April 30, 1926 and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 10 ds.

CONTRIBUTORY Lobar Pneumonia (Secondary)

(duration) yrs. mos. 9 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. D. Steegulen, M. D.

5/1/1926 (Address) 3949 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion - Md Date of Burial 1926

20 UNDERTAKER Wm Cook ADDRESS 552 E. Mtn

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 10171

CERTIFICATE OF DEATH.

E 10171

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Compton St., ~~xxxxxxxxxxxxxx~~ ST. 24-1 WARD)

2-FULL NAME Ann Jane Reed

(a) RESIDENCE NO. 1018 Compton St., ST., 24. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married.

5a If married, widowed, or divorced (or) WIFE of George A. Reed.

6 DATE OF BIRTH (month, day, and year) May 16, 1847.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER Samuel H. Hunter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Annie Miller.

(Address) 106 E Hamburg St.,

15 Filed ..... 19 .....

Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926 to April 30, 1926.

that I last saw her alive on April 30, 1926, 3.50 P. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(duration) 0 yrs. 0 mos 15 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. Brooklyn — DATE OF BURIAL May 3 1926

20 UNDERTAKER J. M. Cook — ADDRESS 532 E Hath Ave

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10172

CERTIFICATE OF DEATH

E 10172

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 13-L ST., WARD)

2-FULL NAME Katherine Milburn

(a) RESIDENCE NO. 2538 Woodbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cloud H Milburn

6 DATE OF BIRTH (month, day, and year) Oct 7 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Jacob Golden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary O Leary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Cloud H Milburn

(Address) 2552 Woodbury Ave

15 Filed ....., 19.... C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 19 26.

17 I HEREBY CERTIFY, That I attended deceased from April 30, 19 26, to May 2, 19 26,

that I last saw h alive on May 2, 19 26

and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Uremia Sentonts - 2 mos

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) O'Mig Campbell, M. D.

May 2, 1926 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL May 5 1926

20 UNDERTAKER H. M. Cook — ADDRESS 502 E Northern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10173

CERTIFICATE OF DEATH.

X 117 E 10173

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Abbott. Jr Towson Md

(a) RESIDENCE No. 202 Cortland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West Virginia (State or country)

PARENTS

10 NAME OF FATHER John T. Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Pauline Bails.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mother

(Address) 202 Cortland Ave, Towson, Md

Filed AUG 3 - 1926 19 For Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to May 2, 1926, that I last saw him alive on May 2, 1926, and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Perforated appendix with generalized peritonitis.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of April 28, 1926 May 2, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. H. Barlinghof, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 5/5 1926

20 UNDERTAKER Wm Cook

ADDRESS 402 E Vall

Cor.—1-12-23—M&T—100 Bks.

E 10174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10174

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 N.Calvert St. ST. 11-3 WARD)

2-FULL NAME Lewis J.Gorsuch Sr.

(a) RESIDENCE NO 937 N.Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, HUSBAND of Edith V.Gorsuch.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Solicetor.
(b) General nature of industry, business, or establishment in which employed (or employer) 01
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William Gorsuch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Louisa Messerschmidt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York.

Informant Lewis J.Gorsuch Jr.(son)
(Address) 5420 Maple Ave.Pimlico.

MAY 3 - 1926 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt, M. D. (Coroner.)

May 1st., 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL May 3 1926

20 UNDERTAKER W.M. Cook — ADDRESS 528 Hollins

Spec.—1-12-23—M&T—500 Bks.

E 10175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10175

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 W Fayette ST., 19-1 WARD)

2-FULL NAME Kate H Clarke

(a) RESIDENCE NO. 1702 W Fayette St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph H Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Mudd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address)

15 Filed ..., 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 19 26

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to May, 1926, that I last saw h... alive on April 30, 1926 and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Arteri sclerosis

Chronic Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edmond Chamberlain, M. D.

5/3/26 (Address) 24 W Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cem	5/6 26
20 UNDERTAKER	ADDRESS
Frank Tully	Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 10176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10176

1-PLACE OF DEATH SYDENHAM HOSPITAL

CITY OF BALTIMORE: (No. 2-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislawa Olesczuk

(a) RESIDENCE NO. 729 S Ann St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joe Olesczuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Michaline Gorska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joe Olesczuk

(Address) 729 S Ann St

Filed MAY 3 1926 HAMPSON JONES, M. D.

Per K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to May 2, 1926, that I last saw her alive on May 2, 1926 and that death occurred, on the date stated above, at 9 22 p m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Lumbar puncture daily Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

May 3, 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy-Rosary, DATE OF BURIAL May 3. 1926.

20 UNDERTAKER M. F. Jackowski. ADDRESS 405 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10177.

CERTIFICATE OF DEATH.

101-001

E 10177

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Mc allister St. 17-6 WARD)

2-FULL NAME Mrs. Howard Sterling

(a) RESIDENCE No. 405 Mc Allister ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Mrs Howard Sterling

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Fannie Sterling

(Address) 405 McAllister St

C. HAMPSON JONES, M. D.

Filed MAY 3 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 1st, 1926,

that I last saw him alive on May 1st, 1926

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Probable (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Lowry, M. D.

, 19 (Address) 4142 North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL May 3 1926

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Eastlang Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10178 — CERTIFICATE OF DEATH. — 71-68 — E 10178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 11-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meadom King

(a) RESIDENCE NO. Sparrows Pt. Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 1891

7 AGE: Years 35 / Months / Days / If LESS than 1 day, hrs. or ..... min.

Aged 30

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Steel work.

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country): Smith Hill Va

PARENTS

10 NAME OF FATHER: Wm King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Kate Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Smith Hill Va

14 Informant: George King
(Address) Sparrowspt md

15 Filed ..... 19 ..... Registrar
C. HAMPSON JONES,
MAY 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 1, 1926,

that I last saw him alive on May 1, 1926

and that death occurred, on the date stated above, at 12:25 A m.

The CAUSE OF DEATH* was as follows:

Meningitis (undetermined origin)

Patient comatose on arrival.

(duration) ..... yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) John W. Gaines, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smith Hill Va — DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Addison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10179

CERTIFICATE OF DEATH.

3 E 10179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Warden ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Bamon

(a) RESIDENCE NO. 1009 Warden ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hugh P. Bamon

6 DATE OF BIRTH (month, day, and year): Feb 27 1900

7 AGE: Years 26 Months 2 Days 3 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John T. A. Moylan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary C. Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Mary C. Moylan

(Address) 1204 Brentwood Rd

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to May 1, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at 6 am m.

The CAUSE OF DEATH* was as follows:

Pneumonary Tuberculosis

about 4 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & microscop

(Signed) James M Fenton, M. D.

May 2 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: May 4 1926

20 UNDERTAKER: Rita Weidefeld — ADDRESS: 914 Eutaw Pl

May 3 - 1926

E 10180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10180

188-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. St. Agnes Hospital 26-4 Ward) Registered No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter E. Baier

(Residence in Baltimore: No. 129 So. Catherine St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Jan 7th 1920 (Month) (Day) (Year)

7-AGE: 6 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: School (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Oscar E. Baier

11-BIRTHPLACE OF FATHER, (State or Country): Balto,

12-MAIDEN NAME OF MOTHER: Lula Diess

13-BIRTHPLACE OF MOTHER, (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar E. Baier

(Address) 127 So. Catherine St

15- MAY 3 - 1926 HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 30th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Brain

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Supposed to have been struck by auto - driver unknown (Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner)

May 2nd 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: May 3rd 1926

20-UNDERTAKER: F. B. Weppler ADDRESS: 850 N. Bond St

Spec.—1-10-21 M&T 1500 Blks.

E 10181 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10181

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 Millerman ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Cline

(a) RESIDENCE No 2325 Millerman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND (or) ~~WIFE~~ of: Annie J. Cline

6 DATE OF BIRTH (month, day, and year): July 3, 1862

7 AGE: Years 63 Months 9 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Orderly

(b) General nature of Industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Johns Hopkins

9 BIRTHPLACE (city or town) (State or country): Emmitsburg Md

PARENTS

10 NAME OF FATHER: Joseph Cline

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pinkney

12 MAIDEN NAME OF MOTHER: Cath. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Dr. Waldhauer

(Address) 2325 Millerman St.

15 Filed MAY 3 1926 Per R.K. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to April 30, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilitation

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John B. Lyman M. D.

May 1, 1926 (Address) 718 N. Pat. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: May 4 1926

20 UNDERTAKER: William G. Schaeffer ADDRESS: 1816 Mount

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10182

CERTIFICATE OF DEATH.

57 E 10182

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Inf. (ST.) Division (WARD)

2-FULL NAME Miss Nellie Meurer

(a) RESIDENCE NO. 1712 Fleet St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 15 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stall keeper in Mkt

(b) General nature of industry, business, or establishment in which employed (or employer) Broadway Market

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER C. Nicolaus Meurer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie M. Peterman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. Meurer

(Address) 306 S. Regester Ave.

15 Filed —, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from May. 8, 1926 to May 2, 1926.

that I last saw her alive on May 2, 1926.

and that death occurred, on the date stated above, at 3:45A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic Gangrene

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 5, 1926

Was there an autopsy? no

What test confirmed diagnosis? Blood Sugar

(Signed) Hubert L. Porterfield M. D.

May 2, 1926 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL May 5 1926

20 UNDERTAKER Henry Sander & Sons Inc.

ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

E 10183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 10183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2793 Alameda Ave ST., 9-2 WARD)

2-FULL NAME Mabel L. Caspare

(a) RESIDENCE NO. 2793 Alameda Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) June 12 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Frederick Caspare

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Lucille Wright

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Lucille Caspare
(Address) 2793 Alameda Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to Apl 30, 1926, that I last saw h[er] alive on Apl 29, 1926, and that death occurred, on the date stated above, at 5-10 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma (Knee)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) ~

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? Yes Date of Feb 1 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

19 (Signed) F. J. Kimzey M. D.

4/30, 1926 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 3 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Pleasant St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10184 **E 10184**

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 717 N. Spring ST. 10-2 WARD)

2-FULL NAME Marie Habranek

(a) RESIDENCE NO. 717 N. Spring ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., If of foreign birth? 57 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Habranek

6 DATE OF BIRTH (month, day, and year) Feb 2- 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Bohemia
(State or country) Europe

PARENTS

10 NAME OF FATHER V. Havlik

11 BIRTHPLACE OF FATHER (city or town) Bohemia
(State or country) Europe

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) Bohemia
(State or country) Europe

14 Informant John F. Habranek
(Address) 717 N. Spring St.

15 Filed MAY 3 - 1926 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to 5-2, 1926.
that I last saw h 4 alive on 5-1, 1926
and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Gen. diag.

(Signed) F. [illegible] M.D.

5-2, 1926 (Address) 1700 Orleans St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL May 4 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1709 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10185

E 10185

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 N Milton Ave ST. 8-3 WARD)

2-FULL NAME George Barnickel

(a) RESIDENCE NO. 1729 N Milton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barnickel

6 DATE OF BIRTH (month, day, and year) April 25 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	8 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Barnickel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Barnickel (Address) 1729 N Milton Ave

15 Filed 3-1926, 19 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926 to May 3, 1926.

that I last saw h[illegible] alive on May 3, 1926,

and that death occurred, on the date stated above, at 12[illegible] [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John B Fisk M. D.

May 3 1926 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	May 6 1926
20 UNDERTAKER	ADDRESS
John Welsh	[illegible] Eden

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10186

CERTIFICATE OF DEATH.

101-001

E 10186

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 E Monument ST., 9-3 WARD)

2-FULL NAME Rosa C. Wolf

(a) RESIDENCE NO. 3116 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry J Wolf

6 DATE OF BIRTH (month, day, and year): Aug 19-1872

7 AGE: Years 53 Months 8 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Christian Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Henry J Wolf

(Address): 3116 E Monument St

15 Filed 3-1926, 19 H. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to May 1, 1926, that I last saw h[illegible] alive on May 1, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Left.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B Lyman M. D.

3, 1926 (Address) 718 N Pat Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemetery

DATE OF BURIAL: May-5 1926

20 UNDERTAKER: John Ulrich

ADDRESS: 218 Ellam

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10187

CERTIFICATE OF DEATH.

90 E 10187

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3106 Fleet st St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sebastian Stromer

(a) RESIDENCE NO. 3106 Fleet St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or Divorced, (~~write the word~~): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 26 1855

7 AGE: Years 71 Months Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Stromer

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Anna M Stromer

(Address): 3106 Fleet St

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1926

17

I HEREBY CERTIFY, That I attended deceased from May 15 1925, to May 1, 1926,

that I last saw him alive on May 1, 1926,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Artero Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tetlow M. D.

5/2, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial May 5 1926

20 UNDERTAKER: Robt J Turner for ADDRESS 1342 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10188 **E 10188**

CERTIFICATE OF DEATH.

129

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 Riggs Ave ST. 16th WARD)

2-FULL NAME Mrs Agnes J Wantz

(a) RESIDENCE No. 2332 Riggs Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John S Wantz

6 DATE OF BIRTH (month, day, and year) Sept 13 61

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Abram Bush
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Mary Shugart
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John S Wantz
(Address) 2332 Riggs Ave

15 Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st 1924 to May 1st 1926.
that I last saw her alive on April 30th 1926,
and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(duration) yrs. mos.
CONTRIBUTORY (Secondary) Hemaplegia Right side
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Egbert R Mortensen M. D.
19 (Address) 3201 Fredonia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Pleasant Valley Cem Carroll Co Md — DATE OF BURIAL May 4 1926

20 UNDERTAKER W M Mortensen — ADDRESS 2230 N Smith

Spec.—1-10-21—M&T—1500 Bks.

E 10189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86 E 10189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joan Wright Hubbard

(a) RESIDENCE No. 6204 Sycamore Rd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 6. 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Joseph Kusulas Hubbard

11 BIRTHPLACE OF FATHER (city or town) West Virginia (State or country)

12 MAIDEN NAME OF MOTHER Katherine Wright

13 BIRTHPLACE OF MOTHER (city or town) Norfolk (State or country) Va.

14 Informant J. K. Hubbard (Address) 6204 Sycamore Road

15 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 19 26

17 I HEREBY CERTIFY, That I attended deceased from Mar 2 . 19 26 to May 2 . 19 26, that I last saw her alive on May 2 . 19 26, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Mastoiditis, acute, Right

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. 1 mos. 1/4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 3-3-26, 3-7-26, 3-11-26, 3-21-26, 3-27-26, 4-26-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm M. Wilson, M. D.

, 19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL May 4/ 19 26

20 UNDERTAKER STEWART & HOWER COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Sec. 5. Any physician, midwife or other person who shall refuse or neglect to furnish such information as he possesses concerning any birth or death at which he was present or attended, or who shall refuse or neglect to sign a certificate of birth or death when it is his duty to do so, shall be guilty of a misdemeanor and subject to a penalty of not more than $50.00 for each offense. Sec. 6. Any person who shall wilfully make any false statement in a certificate of birth or death, or who shall wilfully supply false information intending that the same be used in the preparation of such certificate, shall be guilty of a misdemeanor and subject to a penalty of not more than $100.00 for each offense. Sec. 7. It shall be the duty of the keeper of every public institution to which persons resort for treatment of disease, or for confinement, to require the person in charge of the body of each person who shall die in such institution to supply the information required by this section for the certificate of death, and to obtain such information if it can be obtained from relatives or friends of the deceased, and to report the same to the person required by this section to sign the certificate of death; and it shall be the duty of the person in charge of the body to state over his signature the source of the information for the particulars stated in the certificate. Sec. 8. It shall be the duty of the keeper of every jail or prison to report to the Registrar of Vital Statistics the death of any person who shall die in such jail or prison, and to furnish such information concerning the deceased as he possesses, and to state the source of his information. Sec. 9. It shall be the duty of the coroner to investigate the cause of death of any person who shall die without medical attendance, or who shall die suddenly when apparently in health, or who shall die in any manner other than by accident, and to certify to the cause of death in such cases. Sec. 10. It shall be the duty of the undertaker or person acting as undertaker to file the certificate of death with the Registrar of Vital Statistics, and to obtain from the person who is required by this section to sign the certificate of death the information required for the completion of the certificate of death, and to report the same to the Registrar of Vital Statistics. Sec. 11. It shall be the duty of the sexton or person in charge of any burial ground or crematory to which dead bodies are brought for burial or cremation, to require a burial permit before interment or cremation of the body of any person who shall die in the City of Baltimore, and to keep a record of the date of interment or cremation of the body of each person buried or cremated in such burial ground or crematory, and to report the same to the Registrar of Vital Statistics.

Sec. 12. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a burial permit for the interment or cremation of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 13. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 14. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 15. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

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Sec. 100. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 101. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 102. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 103. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 104. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 105. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 106. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 107. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 108. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 109. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 110. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 111. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 112. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 113. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 114. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 115. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 116. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose.

Sec. 117. It shall be the duty of the Registrar of Vital Statistics to prepare and issue a permit for the removal of the body of any person who shall die in the City of Baltimore, upon the presentation of a certificate of death properly filled out and signed by the person who is required by this section to sign the certificate of death, and to record the certificate of death in a book or on the files of his office kept for that purpose

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10190

E 10190

CERTIFICATE OF DEATH

37-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Balto- St. (WARD)

2-FULL NAME Clarence Ward (Col)

(a) RESIDENCE NO. 2033 Pennsylvania Ave ST. WARD Balto, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 3 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Stephen Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lennie Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant

(Address)

15 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-23, 1926, to 4-30, 1926, that I last saw him alive on 4-30, 1926, and that death occurred, on the date stated above, at 12 4 A m

The CAUSE OF DEATH was as follows:

Miliary Tuberculosis; Mal- Nutrition, Rickets.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Lampson, M. D.

19 (Address) Lenid Hosp. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10191

CERTIFICATE OF DEATH.

6-3 111-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2710 Orleans St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME. William Feick

(a) Residence No. 2710 Orleans St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary L. Feick

6-DATE OF BIRTH (month, day and year) July 25th 1864

7-AGE. 61 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baker

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Adam Feick

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Mary L. Feick

(Address) 2710 Orleans st

15-Filed ..... 19..... C. HAMPSON JONES, M. D., Registrar.

Per .....

1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 2nd 1926

17- I HEREBY CERTIFY, That I attended deceased from March 24th 1926 to May 2nd 1926

that I last saw h.. alive on May 2nd 1926

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Contus. Ulcus Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual hospital routine Chem. Microscopic tests

(Signed) William Deno, M. D.

, 19 (Address) 2901 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL. May 5th, 1926

20-UNDERTAKER. E. Schloman & Son ADDRESS 1934 Eastern Av

Spec.—60-21—M&T—1500 Bks.

E 10192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST., 7-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Starks

(a) RESIDENCE No. Saranac, N. Y. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Starks

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 56 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N. Y.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER C. Callaman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ill

12 MAIDEN NAME OF MOTHER Mary Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ill.

14 Informant (Address): Records

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 1926 to May 3rd, 1926, that I last saw h[illegible] alive on May 3rd, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Brain Tumor. Benign Glioma, Right Cerebral

(duration) yrs. 8 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Apr. 4, 1926

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saranac New York

DATE OF BURIAL: May 4 1926

20 UNDERTAKER: Henry McJenkins Sons Co.

ADDRESS: Orchard & Bloomfield Sts

Spec.—1-10-21—M&T—1500 Bks.

E 10193 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10193**

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH Colonial Hosp

CITY OF BALTIMORE: (No. 1122 Mount ST., 9-3 WARD)

2-FULL NAME Mrs. Blanche Niemeyer

(a) RESIDENCE NO. 1745 Caswell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Niemeyer

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housef.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md.

PARENTS

10 NAME OF FATHER Wm Dugan Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ~~Francis~~ Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Gustavus Niemeyer

(Address) 1745 Caswell Ave.

15 Filed MAY - 1926 C. HAMPSON JONES, M. D. Registrar

Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-25 - , 1926, to 5-2, 1926

that I last saw h[illegible] alive on May 2, 1926

and that death occurred, on the date stated above, at 3 45 p m

The CAUSE OF DEATH* was as follows:

Chr. Interstitial nephritis

Arteriosclerosis

Cerebral Hemorrhage → (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. J. Moler M. D.

, 19 (Address) 1122 Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 5/5/1926

20 UNDERTAKER E. J. Fanning Sons — ADDRESS 1938 Lafayette Ave

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—12-9-25—A Co.—200 Bks.

E 10194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 10194

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 E. Fayette St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernardo Giancealo

(a) RESIDENCE NO. 906 E. Fatette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
XXXXX

6 DATE OF BIRTH (month, day, and year) Oct 8/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) Emma Schriber 906 E. Fayette St.

15 C. HAMPSON JONES, M. D.

1926 P. 1881 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest and/or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest and/or Inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. F. Potter M. D.

(Coroner)

5/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence R. I. Date of Burial May 3 1926

20 UNDERTAKER Wendell Heppel & Son ADDRESS 37 Lincoln

Spec.—8-24-14—M. & T.—2000 Bks.

E 10195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10195

CERTIFICATE OF DEATH.

100 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 Burgundy St. 22-1 Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Laura King

(Residence in Baltimore: No. 528 Burgundy St.: 2 yrs., 6 mon. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 30 (Day), 1923 (Year)

7-AGE, 2 yrs. 6 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER. James King

11-BIRTHPLACE OF FATHER (State or Country). King Co Va

12-MAIDEN NAME OF MOTHER Mary Pearson

13-BIRTHPLACE OF MOTHER (State or Country). W. Va. Co Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie King

(Address) 528 Burgundy St.

15- C. HAMPSON JONES, M. D.

Filed 1926 Per ____ Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1926, to May 1 1926, that I saw her alive on May 1 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 3 da.

(Signed) John A. Kladozynski M. D.

5/3, 1926 (Address) 642 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 528 Burgundy St.

19-PLACE OF BURIAL OR REMOVAL, Carleigh Heights Cem. DATE OF BURIAL, 5/4, 1926

20-UNDERTAKER Jas. M. Skinner ADDRESS 624 E. Madison St.

Spec.—1-10-21—M&T—1500 Bks.

E 10196 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 Roland Ave Roland Park (St.) 27-6 (WARD)

REGISTERED NO. 74000

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Randolph Smith

(a) RESIDENCE No. 311 Roland Ave Roland Park St. 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of late Thomas M. Smith

6 DATE OF BIRTH (month, day, and year) Aug 17th 1848

7 AGE: Years 77 | Months 8 | Days 15 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Oliver Parry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa

12 MAIDEN NAME OF MOTHER: Rachel Randolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

14 Informant: Mr Tyson (Address): Baltimore Md

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to May 2, 1926, that I last saw her alive on May 2, 1926, and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Right Hemiplegia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) 8 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Tyson Porter, M. D.

3/3, 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 5 1926

20 UNDERTAKER: Henry W Jenkins & Sons Co — ADDRESS: Orchard & Eutaw Sts

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

1926 E 10197.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 ✓ Ped

E 10197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5-5 St. 100 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby John Elliott

(a) RESIDENCE NO. 5074 S. Bouldin St. WARD City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 19, 1923

7 AGE: Years 2 yrs. Months 9 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Louis Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Berf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address)

15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1926, to May 2, 1926, that I last saw him alive on May 2, 1926, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Gastro Intestinal Indigestion

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? 5075 S. Bouldin St

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL May 4 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10198 101-00 **E 10198**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2917 Hampden St., 44-2 Ward)

2-FULL NAME Thomas M. Atkinson

(a) RESIDENCE NO. 2917 Hampden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane C. Atkinson

6 DATE OF BIRTH (month, day, and year): Sept - 1 - 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Self

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Allen Atkinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Sarah C. Orrs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Pennsylvania

14 Informant: Jane C. Atkinson

(Address): 2917 Hampden

15 Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to May 2, 1926, that I last saw him alive on May 1, 1926, and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. 9 mos. 5 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) Uncertain yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood Smear Sputum Examination

(Signed) W. H. Rynarn, M. D.

, 19 (Address) 4329 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 5/5 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 5115 North Ave

Spec.—1-12-23—M&T—500 Blks.

E 10199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U S. Marine Hospital No. 1. REGISTERED NO. + 90

CITY OF BALTIMORE: (No. 13 Balt Md ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Wolquist

(a) RESIDENCE NO. Salamanca N Y ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? 1 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailmaker

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer S/S Frederica

BIRTHPLACE (city or town) (State or country) Sweden

10 NAME OF FATHER August Wolquist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Anne Christensen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

Informant Self

(Address)

1926 C. HAMPSON JONES, M. D. Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1925, to May 2, 1926.

that I last saw him alive on May 2, 1926

and that death occurred, on the date stated above, at 7.100 m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 9 mos 2 ds.

CONTRIBUTORY (Secondary) Renal Psychosis.

(duration) yrs. 9 mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings & Laboratory tests

(Signed) John C Graves M. D.

, 19 (Address) U S Marine Hospital No 1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salamanca, N. Y.	May 3 1926
20 UNDERTAKER W. H. Cook	ADDRESS 502 E North St

Spec.—1-10-21—M&T—1500 Blks.

E 10200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital

REGISTERED NO. 917

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1213 Light St. (ST.) (WARD) 15-9

2-FULL NAME Mrs. Veronica E. Chaney.

(a) RESIDENCE NO. 2711 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard T. Chaney

6 DATE OF BIRTH (month, day, and year) Nov 14. 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23.	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John C Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Maggie E. Theodor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Leonard T. Chaney (Address) 2711 Baker St.

15 Filed ..., 19... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to May 2, 1926.

that I last saw her alive on May 2, 1926,

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Gen. Peritonitis from Ruptd Appendix (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of May 1st 26

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Jas. W. Nelson M. D.

19 (Address) South Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL May 5. 1926

20 UNDERTAKER — ADDRESS Mrs Mrs John K. Snyder & Son 801 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 10201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10201

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 E. Eager St. ST. 10-2 WARD)

2-FULL NAME Carl Joseph Flerlage.

(a) RESIDENCE NO. 1327 E. Eager St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Flerlage

6 DATE OF BIRTH (month, day, and year): Mch. 19 - 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
70	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer): Tailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Josephine Flerlage

(Address) 1327 E. Eager St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from Apr. 25, 19 26, to May 1, 19 26.

that I last saw h alive on Apr 30, 19 26,

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? Wala Hooker

(Signed) J. N. Garman, M. D.

5/5/26 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: May 4th 1926

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10202

CERTIFICATE OF DEATH.

90 E 10202

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2035 N. Lafayette St. 16-5 Ward)

2-FULL NAME Catherine Killmeyer

(a) RESIDENCE NO. 2035 N. Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick A Killmeyer

6 DATE OF BIRTH (month, day, and year): 6/4/1870

7 AGE: Years 55 Months 10 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Godfried Horn

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Frederick A Killmeyer

(Address) 2035 W Lafayette Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 9 yrs. 2 mos. 1 ds.

(Signed) G C Pfeiffer M. D.

(Coroner)

May 3/26 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem A A C — Date of Burial 4/4 1926

20 UNDERTAKER: George J Ruth — ADDRESS 1735 Hanford Ave

Cor.—1-12-23—M&T—100 Bks.

E 10203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) (Ward) 4-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Earl Shaffer.

(a) RESIDENCE No. Parkton, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White..	Married.

5a If married, widowed, or divorced, HUSBAND of Eleanore Shaffer.

6 DATE OF BIRTH (month, day, and year) March 21, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakesman,

(b) General nature of industry, business, or establishment in which employed (or employer): Pa.R.R.Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER William H.Shaffer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Mary E.Basshor.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant Eleanore V. Shaffer. (wife)

(Address) Parkton, Md.

Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured ribs, Internal injuries, Hemorrhage. Accidental Death. Caught between two cars.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

May 3, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Canton Yards. Pa. R. R. Co. April 30, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Balto. Co.

DATE OF BURIAL May 4, 1926

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10204 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10204

905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 819 Newington Ave. ST. 136 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie White

(a) RESIDENCE NO. 819 Newington Ave, ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17, 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Nurse(Trained)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER Isaac White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Esther Bergman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Rosenthal (Address) 819 Newington Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1925, to May 3, 1926, that I last saw h[illegible] alive on May 2, 1926, and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) hypertrophy of heart.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Simon Goldstein, M. D.

, 19 (Address) 1810 E. 7th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR ~~REMOVAL~~ Loudon Park Cem.

DATE OF BURIAL 5/5/ 19 26

20 UNDERTAKER David Goodkin

ADDRESS 1825 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

Clarence E. Clark 100-001

E 10205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10205

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Lombard + Greene St. 13-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Clarence E. Clark

(a) RESIDENCE No. 1027 Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby L. Clark

6 DATE OF BIRTH (month, day, and year) June 16-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 3

(c) Name of employer

9 BIRTHPLACE (city or town) Savage (State or country) Maryland

PARENTS

10 NAME OF FATHER Elmer E. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mollie E. Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Ruby L. Clark (Address) 1027 Falls Road

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 - 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 2, 1926, that I last saw h alive on May 2, 1926, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

Acute peritonitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of April 23

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos J Conway M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gr. Marys (Hampden) DATE OF BURIAL May 4 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 1031 Falls Rd.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E 10206 **E 10206**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1325 Shields Alley St. 7-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa R. Matthews

(a) RESIDENCE NO. 1325 Shields alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6. 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER James matthews

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lottie Sterling

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant James matthews

(Address) 1325 Shields alley

15 Filed ..... 19 ..... Registrar

- 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Injury

Cap Brain

Contusions (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) G. C. Blades M. D.

(Coroner)

(Address) May 1/26 1143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery Date of Burial May 4 1926

20 UNDERTAKER Mrs Jas H. Dennis for T.C. Kehoe ADDRESS 1503 Druidman St.

Cor.—1-12-23—M&T—100 Bks.

E 10207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10207

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST., 4-3 WARD)

2-FULL NAME George W. Kief.

(a) RESIDENCE No ..... Niagara Falls N.Y. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) December 31, 1890.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	--	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 609
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel Clerk.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

10 NAME OF FATHER William J.Kief.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Anna M.Rose.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York.

Informant Herbert J.Kief.(brother)
(Address) 121 Montrose Ave. Buffalo N.Y.

C. HAMPSON JONES, M.D.

Filed 1926, 192 Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

May 3rd., 1926. (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buffalo & L. Erie RR — DATE OF BURIAL May 3 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 10208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10208

CERTIFICATE OF DEATH. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Martin

(a) RESIDENCE No. Alberton Marylandst. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3 —	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Millwork 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John H. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Addie A. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Records

(Address)

15 Filed — 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/2/ 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1926. to May 2 1926.

that I last saw him alive on May 2, 1926,

and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

General peritonitis following a ruptured suppurative appendicitis.

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. [redacted] ds. four days

18 Where was disease contracted if not at place of death?

Did an operation precede death? Appendectomy Date of 4/7/26 Draining abscess 4/26/26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Edwin M. Robertson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Front Royal Va DATE OF BURIAL May 4 19 26

20 UNDERTAKER Harry H. Waltz Co ADDRESS 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 10209 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10209**

CERTIFICATE OF DEATH. + 117

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 11-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt Holmshade

(a) RESIDENCE NO. Ashland Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Julia Holmshade

6 DATE OF BIRTH (month, day, and year) [illegible] 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas Holmshade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) University Records.

15 Filed ..... 1926 ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 14, 1926, to May 1, 1926, that I last saw h[illegible] alive on May 1, 1926, and that death occurred, on the date stated above, at 12:35 m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with abscess formation.

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Ashland Md.

Did an operation precede death? yes Date of Apr 14 - 1926 Apr 30 1926

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) H S Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashland Presbyterian Cemetery

DATE OF BURIAL May 4 1926

20 UNDERTAKER Harry H Wolfe

ADDRESS 453 Windsor

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10210

CERTIFICATE OF DEATH.

76 E 10210

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wilson Potts

(a) RESIDENCE NO. 2987 Guilford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 21 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road

(c) Name of employer United Railway.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER August Potts

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Ellen Kavanagh

13 BIRTHPLACE OF MOTHER (city or town) Howard Co (State or country) Md

14 Informant Mt Hope Records (Address) Mt Hope,

15 Filed 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to May 3, 1926, that I last saw him alive on May 1, 1926 and that death occurred, on the date stated above, at 8 45a. m.

The CAUSE OF DEATH* was as follows:

Paresis

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Toxaemia — Exhaustion

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Serological

(Signed) Milton P. Bell, M. D.

, 19 (Address) Mt Hope. Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnet Brae DATE OF BURIAL May 6 1926

20 UNDERTAKER Harry H. Weitzel ADDRESS 1534 Linden

Spec.—1-12-23—M&T—500 Bks.

E 10211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 3-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sobczynski

(a) RESIDENCE NO. 422 Dallas St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, ~~or Divorced (write the word)~~ single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1888

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER John Sobczynski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Matuszewska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant Jones Banaszkiewicz
(Address) 422 Dallas St

1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 4-28-, 1926, to 5-1-, 1926, that I last saw h[illegible] alive on 5-1-, 1926, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Stricture Urethra -
Peri-urethral abscess
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Uremia - urinary extravasation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Cystostomy - Apr 24 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Op.

(Signed) W. F. Bryant M. D.

19[illegible] (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem

DATE OF BURIAL May 4 1926

20 UNDERTAKER John McAleer

ADDRESS 1803 Bank St

(Carter)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10213 E 10212

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Pitt Carter

(Residence in ~~Baltimore~~: No. Clarksville md St.; yrs..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word) Single

6-DATE OF BIRTH. Feb (Month) 16 (Day) 1913 (Year)

7-AGE, 13 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Clarksville md

10-NAME OF FATHER, William Carter

11-BIRTHPLACE OF FATHER, (State or Country). md

12-MAIDEN NAME OF MOTHER, Josephine Coates

13-BIRTHPLACE OF MOTHER, (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

15- C. HAMPSON JONES, M. D.

Filed 192.....

1926 Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burn

Accidental death

Fracture of Skull ds.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Abram T. Brashear M. D. (Coroner.)

May 3 1926 (Address) 332 S Paca St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF REMOVAL. DATE OF BURIAL.

Hopkins Chapel Cem May 6 1926

20-UNDERTAKER, Easton Sons ADDRESS Ellicott City

E 10213 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10213

CERTIFICATE OF DEATH. 4-1 188-503

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Amnesty Hosp St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. Franklin Carter

(Residence in ~~Baltimore~~: No. Clarksville Md St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced (Write the word.) Single

6-DATE OF BIRTH. Aug (Month) 17 (Day) 1916 (Year)

7-AGE, 10 yrs. mos. 19 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer) School

9-BIRTHPLACE, (State or Country) Clarksville. Md.

PARENTS.

10-NAME OF FATHER, William Carter

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER, Josephine Dorsey

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

15- C. HANSON JONES, M. D.
filed. Registrar.
1926 Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 3 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, au- ...tind that said deceased came to ...death ropsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

Accidental death

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ~~Fracture~~ Concussion of brain

(Duration) ...yrs. ...mos. ...ds.

(Signed) Samuel T. Hinkins M. D. (Coroner)

5 3 1926 (Address) 233 S. Patterson

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, REMOVAL. DATE OF BURIAL.
Hopkins Chapel Cem. May 6 1926

20-UNDERTAKER. ADDRESS
Easton Sons Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10214 **E 10214**

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 E. 21st ST. 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Casey

(a) RESIDENCE NO. 524 E. 21st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Casey

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	86	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country) N. Y.

PARENTS

10 NAME OF FATHER Owen Casey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Frank A. Casey (Address) 524 E. 21st Street

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from for 5 years or more May 1, 1926, to that I last saw h alive on May 1, 1926, and that death occurred, on the date stated above, at 11.55P m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) 1 yr. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Standish McCleary, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	5/4 1926

20 UNDERTAKER Kenny & Means & Son ADDRESS 605 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10215

CERTIFICATE OF DEATH.

129 **E 10215**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 711 Carwell Ave ST. 13-4 (WARD)

2-FULL NAME Edith May Wink

(a) RESIDENCE NO. 711 Carwell Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James E Wink

6 DATE OF BIRTH (month, day, and year) Dec 25 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James E Shooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minerah M Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) James E Wink 711 Carwell Ave

15 Filed 19 C. HARRISON JONES, M. D. Registrar

4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1924, to May 2, 1926, that I last saw her alive on May 1st, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia paralytic

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Uremia

& Cerebral (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

5/3, 1926 (Address) 846 W 36 St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olive Balto Co

DATE OF BURIAL May 5 1926

20 UNDERTAKER Ehrenwerth Son

ADDRESS 3617 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 10216

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1021 Union Ave. ST. 13-4 WARD)

2-FULL NAME John Myers

(a) RESIDENCE NO. 1021 Union Ave. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Myers

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Martin Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emma Hamilton

(Address) 1021 Union Ave.

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1924, to April 3, 1926, that I last saw h[illegible] alive on April 3, 1926, and that death occurred, on the date stated above, at 10 Am.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C Hampden Lee, M. D.

6-3-26 (Address) 1201 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden

DATE OF BURIAL May 5 1926

20 UNDERTAKER Chenoweth Son

ADDRESS 361 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10217

CERTIFICATE OF DEATH.

94-001

E 10217
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 371 N Hoffman ST. 11-1 WARD)

2-FULL NAME Charlotte Thompson

(a) RESIDENCE NO. 371 N Hoffman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced: (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 74 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): S. C.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Matilda Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Lula V Hall
(Address): 371 N Hoffman St

15 Filed 4-1926 19 P.M. R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 26

17 I HEREBY CERTIFY, That I attended deceased from April 15th, 1926, to May 10th 26.

that I last saw h— alive on April 29th 26

and that death occurred, on the date stated above, at 6:00 p. m.

The CAUSE OF DEATH* was as follows:

Progressive Paralysis
Hallucinosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Hard Work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Ellis Ellis, M. D.

19 [illegible] 1926 (Address) 62 E Madison

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dartmouth S.C.

DATE OF BURIAL: 5/4 19 26

20 UNDERTAKER: Samuel F Hensley

ADDRESS: 58 Baldwin

Cor.—12-9-25—A Co.—200 Bks.

E 10218

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

CERTIFICATE OF DEATH.

E 10218

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1434 W. Lanvale St., 16-7 Ward)

2-FULL NAME Julian G. Washington

(a) RESIDENCE NO. 1434 W. Lanvale Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 8- 26

7 AGE: Years 1 Months Days 24 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Milford Washington

11 BIRTHPLACE OF FATHER (city or town): Calvert Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Barnes

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Helen Washington

(Address): 1434 W Lanvale St

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to ... death on the day stated above.

The "CAUSE OF DEATH" was as follows:

Cap. Broncho Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) G C Bates M. D.

(Coroner)

May 3 1926 (Address) 145 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial 6/4 1926

20 UNDERTAKER: Samuel H Kirby ADDRESS 578 N Eden

C. HARRISON JONES

Spec.—1-10-21—M&T—1500 Blks.

E 10219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 10219

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3315 E Balt. St., (Ward) 76

2-FULL NAME Wilbur McClain

(a) RESIDENCE NO. 3315 E Balt. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1902

7 AGE: Years 23 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Brokers

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel P McClain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Amelia Huldebrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Jane Brown (Address) 3305 Augusta Ave

Filed 1926 G. HARRISON JONES, M. D., Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to May 1, 1926

that I last saw h[illegible] alive on May 1, 1926

and that death occurred, on the date stated above, at 8:10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 days

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Daniel L Brown M. D.

1926, (Address) 3325 E Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL May 4, 1926

20 UNDERTAKER John Merrick

ADDRESS 2[illegible] Greene

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10220

CERTIFICATE OF DEATH.

E 10220

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4034 Park Heights Ave. ST. 15-3 WARD)

2-FULL NAME Sarah Elizabeth Davis.

(a) RESIDENCE NO. 4034 Park Heights Av. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. life ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Edward Davis.

6 DATE OF BIRTH (month, day, and year): Nov. 4. 1843

7 AGE — Years: 82. Months: 5 Days: 28. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John H Turner.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Mary Lanthern

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Ruth Bentley
(Address) 4034 Park Heights Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to May 1, 1926, that I last saw h.. alive on May 1, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Wallace Ellis M. D.

May 4, 1926 (Address) 345 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem. — DATE OF BURIAL: May. 5 1926

20 UNDERTAKER: Josiah Effer — ADDRESS: 1600 W. North Ave.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10221

CERTIFICATE OF DEATH.

101-001

E 10221

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Levering House, 100 N. Front St. ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Klump.

(a) RESIDENCE NO Levering House, 100 N. Front St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 15, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jacob Klump.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Magdalen Fergert.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mary E. Nebrank. (sister.

(Address) 910 N. Eden St.

Filed 1926 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

May 3, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	5/4 1926
20 UNDERTAKER Henry U. Wears	ADDRESS 805 W. Lafayette

Spec.--1-10-21 M&T 1500 Bks.

E 10222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 10222

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 5-7

2-FULL NAME Clara Williams

(a) RESIDENCE NO. 1018 E. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Williams.

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Lizmar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie Offman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 5-4-1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25 1926, to May 1st 1926, that I last saw her alive on May 1st, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (general + cerebral)

Chronic Alcoholism ?

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Lindsay Miller, M. D.

5/7, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery DATE OF BURIAL May 4 1926

20 UNDERTAKER Lilly + Zeiser ADDRESS 403 S. Howard St

Spec.—1-12-23—M&T—500 Bks.

E 10223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10223

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 W Camden ST. 27-1 WARD)

2-FULL NAME Margaret Lujza

(a) RESIDENCE NO. 419 W Camden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept - 25-1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	1	7	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John Lujza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Eliz Markewitch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant John Lujza

(Address) 419 W Camden

Filed ... 1926 ... 19 ... H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May - 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April - 26, 1926, to May - 2, 1926, that I last saw h[illegible] alive on May - 2, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (Primary)

(duration) —yrs. — mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Francheni, M. D.

5/2/1926 (Address) 122 S Ann St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rudem Cemetery — DATE OF BURIAL: 5/5/26 1926

20 UNDERTAKER: Chas B. Kuchaucker — ADDRESS: 653 Spaca St

Spec.—1-10-21—M&T—1500 Bks.

Schario

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10224

CERTIFICATE OF DEATH.

× 31

E 10224

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28th WARD)

2-FULL NAME Catherine Schiro -

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Schiro -

6 DATE OF BIRTH (month, day, and year) March 4 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cockeysville - Md

PARENTS

10 NAME OF FATHER Wm Dooling -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roscommon Ireland

12 MAIDEN NAME OF MOTHER Annie O Healy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roscommon Ireland

Informant Records of Mt Hope Retreat

(Address) Mt Hope Retreat - Md -

Filed 4 - 1926. , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from July 6th, 1925, to May 2, 1926,

that I last saw h alive on May 2, 1926

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Intercolitis -

abt (duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Man Dep Thyroid

abt (duration) 1 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Mt Hope Cockeysville Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Agatha Cemetery Texas Md. DATE OF BURIAL May 6 1926

20 UNDERTAKER Henry Hoch Son ADDRESS 1201 E Eager St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10225

CERTIFICATE OF DEATH.

129 E 10225

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Caroline Simon

(a) RESIDENCE NO. 1310 ~~Eagle~~ Eager ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed.

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of the late Adam Simon

6 DATE OF BIRTH (month, day, and year) July 10 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

10 NAME OF FATHER Philip Hoffman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Finger

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

PARENTS

Informant Mrs. Mary E. Simon
(Address) 1310 E. Eager St

Filed 1926, 19 ... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1926, to May 2, 1926, that I last saw h.e.r alive on May 2, 1926, and that death occurred, on the date stated above, at 7:10 p. m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis. Myocarditis.
Prolapse of Uterus -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Mayo M. D.

May 2, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 6 1926
20 UNDERTAKER	ADDRESS
Henry Horch Son	1301 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

Res.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10226 *

CERTIFICATE OF DEATH.

+40

E 10226

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp WARD)

2-FULL NAME Mrs Margaret Rose

(a) RESIDENCE NO. Accomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, (Widowed) or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam. T Rose

6 DATE OF BIRTH (month, day, and year) Aug 2 1855

7 AGE Years 70 Months 9 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Accomac Va (State or country)

PARENTS

10 NAME OF FATHER Jno D Nelson

11 BIRTHPLACE OF FATHER (city or town) Accomac Va (State or country)

12 MAIDEN NAME OF MOTHER Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town) Accomac Va (State or country)

14 Informant Mrs Margaret Rose

(Address) Accomac Va

Filed May 4 1926 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4/26

17 I HEREBY CERTIFY, That I attended deceased from 4-13-, 1926, to 5-4-, 1926, that I last saw h alive on 5-4-26, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Uterine fibroma perforating
Endocarditis, Mitral insuff
Cerebral Embolism (14 days)

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/15/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Jno A Dingledine M. D.

(Address) Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Onancock Va

DATE OF BURIAL May 4 1926

20 UNDERTAKER Henry W Jenkins Sons Co

ADDRESS Onancock Va

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10227

CERTIFICATE OF DEATH.

98 **E 10227**
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2030 Keyser St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry E. M. Gillette

(a) RESIDENCE NO. 2030 Keyser St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20 1920

7 AGE — Years: 5 — Months: 9 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER Jessie Gillette

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Cora Stanley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

PARENTS

14 Informant Cora Gillette

(Address) 2030 Keyser St.

15 Filed 19 C. HARRISON JONES, M. D.

4 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 1, 1926, that I last saw him alive on May 1, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Laryngitis, Spasmodic

(duration) yrs. mos. 7 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted -

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

5-4 1926 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — Date of Burial: May 4 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1775 Ashland ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10228

CERTIFICATE OF DEATH.

33

E 10228

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 W. Fairmount St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Harris Harrison

(a) RESIDENCE NO. 1014 W. Fairmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Della Queen

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 48; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab. Oil

(b) General nature of industry, business, or establishment in which employed (or employer): Cleaner, driver

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: Wm. Henry Harris

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Harris

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

PARENTS

14 Informant: Della Queen

(Address): 1014 W. Fairmount

Filed 4-1926

CHAS. SOMERVILLE JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 24, 19 26, to May 2, 19 26,

that I last saw him alive on May 2, 19 26,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Laberculosis Pulmonalis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. Maud Wilson, M. D.

4-3, 1926 (Address) 1530 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: April 4/926

20 UNDERTAKER: Dennis Easton — ADDRESS: Balto

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10229

CERTIFICATE OF DEATH.

49 E 10229

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Christian St St. 20-6 WARD)

2-FULL NAME Leo. H. Malchester

(a) RESIDENCE NO. 2433 Christian St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Catherine G. Malchester

6 DATE OF BIRTH (month, day, and year) Nov 15/1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	23	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B&OR R

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Malchester

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Angela Lampke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Catherine G. Malchester

(Address) 4700 Edna Ave

Filed May 5 1926 H. HANSON JONES, M. D.

By R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3. 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to May 3 1926

that I last saw him alive on May 2 1926

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypertension.

(duration) yrs. Unknown

CONTRIBUTORY (Secondary) Pyelonephritis Edema of

acute Tubular Degeneration yrs. mos. 3. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of Aug 1 25.

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Norbert V Schultz M. D.

5/3/ 1926 (Address) 2351 Shelburne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: May 5 1926

20 UNDERTAKER: Harry A. Arnscott 4202 — ADDRESS: Ridgewood Ave

Spec.—12-9-25—A Co.—200 Bks.

E 10230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 10230
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3900 Old York Road St. 9-1 Ward)

2-FULL NAME Mary Malinda Stouffer

(a) RESIDENCE NO. 3900 Old York Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. C

6 DATE OF BIRTH (month, day, and year) Aug 11 1843

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

10 NAME OF FATHER Christian Pence

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Holtzel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Daniel Stouffer

(Address) 3900 Old York Road

Filed 4 1926 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to Apr. 30, 1926, that I last saw h.e. alive on Apr. 30, 1926, and that death occurred, on the date stated above, at 2-30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) Several yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. D. Steenken, M. D.

5/2/1926 (Address) 3949 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park May 4 1926

20 UNDERTAKER: Wm Cook ADDRESS 502 E. Fay.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10231

E 10231

CERTIFICATE OF DEATH.

REGISTERED NO. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View Asylum St. 15 Ward)

2-FULL NAME Anne Casley

(a) RESIDENCE No. 2125 Dennison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Casley

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE: Years 72. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Pennsylvania

10 NAME OF FATHER: John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Kersey ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

PARENTS

Information Furnished by: Hospital Records

(Address) Bay View Hospitals

Filed May 4 1926 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 17. 1926., to May 1. 1926.

that I last saw her alive on May 1 1926.

and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:

Post operation Ventral Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Dr. P. Chaney Jr., M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: May 5 1926

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

E 10232

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 10232

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1930 Walbrook Ave 15-11 Ward)

2-FULL NAME William Henry Baker

(a) RESIDENCE NO. 1930 Walbrook Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie E. Baker.

6 DATE OF BIRTH (month, day, and year) August 22-1854.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Park

(b) General nature of industry, business, or establishment in which employed (or employer) Park Board.

(c) Name of employer Baltimore City.

9 BIRTHPLACE (city or town) Black Rock

(State or country) Baltimore Co.,

10 NAME OF FATHER Edwin Baker.

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eleanor Folk

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Maryland.

14 Informant Albert M. Baker

(Address) 338 S. Bayson St.

Filed 5-4-1926 C. HAMPSON JONES, M. D. Registrar

By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 4-1926.

17 I HEREBY CERTIFY, That I attended deceased from February 20 1926, to May 4- 1926, that I last saw him alive on May 3 — 1926, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? uraemia

(Signed) Chester Riland, M. D.

5-4-1926 (Address) 2532 Edmondson Av,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem Date of Burial May 6 1926

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS N. Y. Pa

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10233 E 10233

CERTIFICATE OF DEATH.

REGISTERED NO. 97-1 112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 W Hourray ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Jacob Harris

(a) RESIDENCE NO. 406 W. Lourray ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 30 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work asst undertaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

10 NAME OF FATHER Jos Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Martha Mosey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant (Address) Nuscanic Harris 406 W Lourray

Filed May 4 1926 192 R.K. Registrar

HARRISON JONES, M. D.

CORONER'S CERTIFICATE OF May 2/26

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Indigestion

(Duration) yrs. mos. 2 hrs

CONTRIBUTORY (Secondary) Acute Dil (Duration) yrs. mos. 1 hrs.

(Signed) G C Wades, M. D.

May 4, 1926 (Address) 1431 W Lourray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn May 6 1926 — DATE OF BURIAL

20 UNDERTAKER J Lewis Hall — ADDRESS 753 Stephen St

Spec. 1-10 21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10234

CERTIFICATE OF DEATH.

43 E 10234

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View Asylum ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Credenne

(a) RESIDENCE NO. 55 S. Monroe. ST., WARD

(Usual place of abode)

Length of residence in city or town where died Continuous mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or min.
	76			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Kothe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Henrietta Font-Pilgram Germany

Informant Baltimore City Hospitals

(Address) Hospital Records

Filed ... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to May 3, 1926.

that I last saw h.. alive on May 3, 1926.

and that death occurred, on the date stated above, at 8 10 A. m.

The CAUSE OF DEATH* was as follows:

Rodent Ulcer (Epithelioma) left Cheek.

(duration) unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Microscopical + Lab

(Signed) Karl Klemperer M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	May 5 1926

20 UNDERTAKER Jos Block ADDRESS 1003 W. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10235

CERTIFICATE OF DEATH.

× 90 E 10235

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Mathias

(a) RESIDENCE NO. Maryland Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Mathias

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE — Years: 51 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Randolph Harlow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Crabb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: William H. Mathias

(Address): Franklintown, Md.

Filed 4-1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 26. 1926. to May 3. 1926.

that I last saw her, alive on May 2. 1926.

and that death occurred, on the date stated above, at 7 30/a m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

Cardiac Decompensation

(duration) cardiac mos. da.

CONTRIBUTORY (Secondary) Acute Dilatation

3 min (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Esta F. Dodge M. D.

May 3. 1926 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery

DATE OF BURIAL: May 6? 1926

20 UNDERTAKER: Jas B. Cook

ADDRESS: 1057 W. Bal[illegible] St.

Spec.—12-9-25—A Co.—200 Bks.

Tulley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10236

CERTIFICATE OF DEATH.

90 E 10236

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

I-PLACE OF DEATH

City of BALTIMORE: (No. 1813 N. Chester St. 8 Ward)

2-FULL NAME Elizabeth Tulley

(a) RESIDENCE NO. 1813 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred for. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~? (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Tully.

6 DATE OF BIRTH (month, day, and year): 12/8/1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Baltimore

10 NAME OF FATHER: William Mullen

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland.

14 Informant: Helen Hampshire

(Address): 1813 N. Chester St.

15 Filed: 1925 Per R.L.S. Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/1 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 1925 to May 1926, that I last saw h[illegible] alive on Apr 30, 1926, and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Valv. dis heart.

Myocarditis.

(duration) yrs.

CONTRIBUTORY (Secondary) Acute dilatation

Exhaustion

(duration) yrs. mos. ds.

If Where was disease contracted —

If not at place of death! —

Did an operation precede death! NV Date of

Was there an autopsy? NV

What test confirmed diagnosis! Aut

(Signed) W. T. Tulley, M. D.

May 3/26 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial: May 5 1926

20 UNDERTAKER: Lyons & J. Ruth

ADDRESS: 1735 Harford Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10237.

CERTIFICATE OF DEATH.

+ 129 E 10237

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 829 N Fremont ave St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Burks Johnson

(a) Residence No. 829 N Fremont St., Ward Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph C Johnson

6-DATE OF BIRTH (month, day and year) Feb 17 1864

7-AGE. 62 yrs. 2 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer). Self

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Bedford Pa.

10-NAME OF FATHER Alfred Burks

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bedford Pa.

12-MAIDEN NAME OF MOTHER. Rebecca Lyles

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bedford Pa.

(Informant) Charles Henry Johnson

(Address) 829 N. Fremont ave

C. HAMPSON JONES, M. D.

May 4 1926 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 2 1926

17- I HEREBY CERTIFY, That I attended deceased from April 27 1926, to May 2 1926, that I last saw h[illegible]live on May 2 1926 and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Harmophilia - Uremia

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms - Slow coagulability of blood

(Signed) Wm R Hughes M. D.

May 3, 1926 (Address) 1209 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Chambersburg, Pa.	5/5/ 1926

20-UNDERTAKER. Wm. Geo. E. Holland ADDRESS 1631 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10238 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 129

City of BALTIMORE: (No. 2029 Pennsylvania St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Mora Hampton

(a) Residence No. 2029 Pennsylvania ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Hampton

6-DATE OF BIRTH (month, day and year): April 15, 1856

7-AGE: 70 yrs. 0 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic 37

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9-BIRTHPLACE (city or town) (State or Country): Chestertown Md

10-NAME OF FATHER: James Bonds

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Chestertown Md

12-MAIDEN NAME OF MOTHER: Alice Govans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): West River Md

(Informant): Fermina Hampton

(Address): 2029 Pennsylvania ave

C. HAMPSON JONES, M. D.

Filed 1926 Per Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 2 1926

17- I HEREBY CERTIFY, That I attended deceased from March 3 1926 to May 1926

that I last saw h.. alive on May 1 1926

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 3+ mos. ds

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 3+ mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Survey

(Signed) Wm. H. Wright M. D

May 3, 1926 (Address) 1209 Riverside ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: May 5 1926

20-UNDERTAKER: Mrs James H. Dennis & Son T. E. Nelson — ADDRESS: 1303 Preston

Spec.—1-10-21—M&T—1500 Bks.

E 10239 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10239

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 S Charles ST 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard H. Bahlmann.

(a) RESIDENCE NO. 1323 S Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) June 6 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	70	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimor Md

10 NAME OF FATHER Grard H. Bahlmann.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Kroger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Miss Marg't Bahlmann.

(Address) 2738 Guilford Ave

Filed May 4 1926

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to May 3, 1926, that I last saw h... alive on May 6, 1926, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cushing M. D.

May 4, 1926 (Address) 3600 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross O O Co — DATE OF BURIAL 5-6-1926

20 UNDERTAKER C H B Harlr 1156 — ADDRESS West St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10240

CERTIFICATE OF DEATH.

182

E 10240

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Werner's Wharf, Spring Gardens. ST 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy I. McQuigg.

(a) RESIDENCE No 1452 Wicomico St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 4, 1912.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	9	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Walter McQuigg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey.

12 MAIDEN NAME OF MOTHER Mamie Carter.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Walter McQuigg. (father)
(Address) 1505 Poplar Grove St.

Filed 1926 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd. 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a wharf.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Rembardt, M. D. (Coroner.)
May 3, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	5-5 1926
20 UNDERTAKER	ADDRESS
C. H. Harle	1156 W. Pratt St.

Cor.—1-12-23—M&T—100 Bks.

E 10241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10241

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Body found floating at Pier No.6 Locust Point. (St.) 24-3 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE No Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs.---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 45	---	---	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Do not know.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Police Report. S.D.
(Address)

Filed 1926 C. HAMPSON JONES, M. D.
Registrar

Per MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found floating April 29, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning,
probably accidental.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Bernhardt, M. D.
(Coroner)

May 1st. , 192 6 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

PUBLIC CEMETERY
Commissioner Health

Per. Wm. J. McGrath

Spec.—1-10-21—M&T—1500 Bks.

E 10242 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10242**

52

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Helen Hospital S. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Barbara C. Vaeth

(a) RESIDENCE NO. 15 Tennent Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis L. Vaeth

6 DATE OF BIRTH (month, day, and year) — 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Leavitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Gilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Clifford Vaeth

(Address) 15 Tennent Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-26, 1926, to 5-3, 1926

that I last saw her alive on 5-3, 1926

and that death occurred, on the date stated above, at 7:40 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Hyperd Dilatation

Hypertension

Infectious arthritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symp

(Signed) Wm. Gilroy, M. D.

1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross & Co.

DATE OF BURIAL 5/6 1926

20 UNDERTAKER J. Fabers Sons

ADDRESS 1318 Light

Spec.—1-10-21—M&T—1500 Bks.

E 10243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10243

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3130 Fait Ave. ST., 1-14 WARD)

2-FULL NAME Annie Reuter

(a) RESIDENCE NO. 3130 Fait Ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Reuter

6 DATE OF BIRTH (month, day, and year) Oct. - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	65	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework at home

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore md.

10 NAME OF FATHER George Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Wemch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant George Reuter

(Address) 310 Cole Ave

Filed 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to May 2, 1926, that I last saw her alive on May 2, 1926, and that death occurred, on the date stated above, at 17.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tillow M. D.

5/3/, 1926 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem DATE OF BURIAL May 6th 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS .....

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10244

CERTIFICATE OF DEATH.

31 E 10244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Patterson Pk. ave. ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ignatius Kuchta

(a) RESIDENCE NO. 503 N. Patterson Pk. ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Kuchta

6 DATE OF BIRTH (month, day, and year): July 30-185x

7 AGE: Years 73 | Months 9 | Days 3 4 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker 014

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany.

10 NAME OF FATHER: John Kuchta

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Maria Kuchta

(Address) 503 N. Patterson Pk Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per N.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to May 3 1926

that I last saw h... alive on May 5 1926

and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Pulmonary Tuberculosis

(duration) yrs 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) F. Reed Dunn M. D.

May 6, 1926 (Address) 800 N. Dallas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: May 6 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 10245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10245

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Port St. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hieberding

(a) RESIDENCE NO. 138 N. Port St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hieberding.

6 DATE OF BIRTH (month, day, and year) Oct 25-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	6	7 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar maker.

(b) General nature of industry, business, or establishment in which employed (or employer) 617

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Frank Hieberding.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Seifferding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mary Hieberding.

(Address) 138 N. Port St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29 1926 to May 2 1926.

that I last saw him alive on May 1 1926.

and that death occurred, on the date stated above, at 10. P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

from history, number of (duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cobel N. Athey, M. D.

May 3 1926 (Address) 100 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	May 5th 1926
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 10246 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10246

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N. Chester ST. 8-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myra Gerhardt.

(a) RESIDENCE NO. 1819 N. Chester ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian Gerhardt.

6 DATE OF BIRTH (month, day, and year): Jan 18 1869

7 AGE: Years 57 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: John H Bromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma Clafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Christian Gerhardt.

(Address) 1819 N. Chester

File 1926 G-19 HARRISON-JONES CO. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 2, 1926,

that I last saw h[illegible] alive on May 2, 1926

and that death occurred, on the date stated above, at 10:05 P.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Chronic Arterio Sclerosis (duration) yrs. mos. ds.

Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hypertension

(Signed) A Kilgam M. D.

5/4, 1926 (Address) 1730 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: May 5 1926

20 UNDERTAKER: Geo. J. Ruth ADDRESS: 1735 Hanford Ave.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10247

E 10247

CERTIFICATE OF DEATH.

25-4 88-001

1-PLACE OF DEATH B.& O.R.R.tracks,

CITY OF BALTIMORE: (No. Kloman & Wenburn Sts. Westport ST. WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Wilbur Fleece.

(a) RESIDENCE NO 233 Cedar St. Westport. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ---- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) September 20, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt. Alto. Pa.

PARENTS

10 NAME OF FATHER Harry Fleece.

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia.

12 MAIDEN NAME OF MOTHER Sarah Metz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Harry Fleece.(father)
(Address) 233 Cedar St. Westport.

15 Filed 4 - 1926, 19[illegible] C. HAMPSON JONES, M. D. Registrar
Per ARP

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mangled and cut in two by cars of B.& O.R.R.Co. Accidentally fell between two moveing cars.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner)
May 4th., 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Alto, Penn	May 5 1926
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	231 Main Ave Westport

Instructions on back of certificate.

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10248

CERTIFICATE OF DEATH.

90 E 10248

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2520 Addison St. 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson Long

(a) RESIDENCE NO. 2520 Addison St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — dy. How long in U. S., if of foreign birth? — yrs. — mos. — dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Littleton Long

6 DATE OF BIRTH (month, day, and year): Oct 16 1876

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
49	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Wilmington,

(State or country): Del

10 NAME OF FATHER: James Clark

11 BIRTHPLACE OF FATHER (city or town): Wilmington,

(State or country): Del.

12 MAIDEN NAME OF MOTHER: Mary Waite

13 BIRTHPLACE OF MOTHER (city or town): Wilmington.

(State or country): Del

14 Informant: Littleton Long

(Address) 2520 Addison St

1926 C. HAMPSON JONES, M. D.

Per Roth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from 3 June 1925, to 2 May, 1926

that I last saw h[illegible] alive on 2 May, 1926,

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Z Wanceotoke, M. D.

, 19 (Address) 2565 Forth Ave. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: May 5th 1926

20 UNDERTAKER: F. B. Hepfner ADDRESS: 1850 W Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

E 10249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10249

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 E. Randall. St. 24-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie A. Hamilton.

(a) RESIDENCE NO. 406 E. Randall St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late, William J. Hamilton.

6 DATE OF BIRTH (month, day, and year): Oct, 14, 1860.

7 AGE — Years: 65, Months: 6, Days: 20. IF LESS than 1 day ....hrs. or ....min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Frederick City.

(State or country): Maryland.

10 NAME OF FATHER: James Esworthy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick City, Md.

12 MAIDEN NAME OF MOTHER: Mary Wimpigler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick City, Md.

14 Informant: Lilian Lang, (Daughter).

(Address): 16 E York St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4/1926 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1 1926 to May 4 1926

that I last saw h... alive on May 4 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

May 6 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial May 6 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 38 E. Fort Ave

Cor.—1-12-23—M&T—100 Bks.

E 10250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10250

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1543 Covington St. (St.) 44-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Harvey.

(a) RESIDENCE NO 1548 Covington St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed or divorced

HUSBAND of Rose Harvey.

6 DATE OF BIRTH (month, day, and year) March 30, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Edward Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary ---------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant Rose Harvey. (wife)

(Address) 1548 Covington st.

Filed ..... 192 C. HAMPSON JONES, M. D.

1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchial Asthma

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

May 3, 1926 (Address) 1017 E Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 5, 1926
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E Fayette

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10251

CERTIFICATE OF DEATH.

129 E 10251

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Madison Ave ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles B. Minor

(a) RESIDENCE NO. 810 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

3 Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Unknown	about 61 yrs.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bailiff

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Philadelphia

0 8 6

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

Informant Wm. H. Lowe

(Address) 810 Madison Ave

Filed MAY 5 - 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26th, 1926, to May 3d, 1926,

that I last saw h alive on On May 3d, 1926,

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

from 2 months

(duration) 2 mos yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 2 days yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm H Lowe M. D.

, 19 (Address) 605 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/7 1926

20 UNDERTAKER Henry W. Spears and Son

ADDRESS 805 N Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10252

CERTIFICATE OF DEATH.

167-901

E 10252

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 15-17 WARD)

2-FULL NAME Baby Brider

(a) RESIDENCE NO (Parents) 1822 Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ditto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Woman's Hospital
(State or country) Baltimore, Md.

10 NAME OF FATHER Louis Brider

11 BIRTHPLACE OF FATHER (city or town) New York,
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Lillian Smullian.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

Informant Mrs. Louis Brider.
(Address) 1822 Smallwood St.

Filed 1926 C. HAMPSON JONES, M. D.
By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17

I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw her alive on May 4 , 19 26 ,

and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity. (Birth wt. 4 lbs 12½ oz)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Breech presentation.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. H. Slocum, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 5-5- 1926

20 UNDERTAKER Jack Lewis, 1439

ADDRESS E. Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10253

CERTIFICATE OF DEATH.

E 10253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 N. Central Ave 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara E. Blondell

(a) RESIDENCE NO. 1233 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Blondell

6 DATE OF BIRTH (month, day, and year): July 15- 1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

10 NAME OF FATHER: Howard E. Lutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

Informant: Walter G. Blondell

(Address): 1233 N. Central Ave

Filed 5-1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 1926, to May 3, 1926, that I last saw h alive on May 3 1926, and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. W. Thomas, M. D.

May 5, 1926 (Address) 1328 E. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: May 6 1926

UNDERTAKER: Zirkler + Zirkler

ADDRESS: 1739 E Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

E 10254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 E 10254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 855½ N. Lombard ST. 18-3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas C Phillips

(Residence in Baltimore: No. 855½ N. Lombard St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 17th (Month) (Day), 1890 (Year)

7-AGE, 35 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Bennett's

9-BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, Jno Phillips

11-BIRTHPLACE OF FATHER (State or Country), N Y

12-MAIDEN NAME OF MOTHER Kate Chase

13-BIRTHPLACE OF MOTHER (State or Country), Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabell Phillips

(Address) 885½ N Lombard St

5 - 1926. HARRISON JONES, M. D.

ed....., 191.....

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1926, to May 3 1926, that I saw him alive on May 2 1926, and that death occurred, on the date stated above, at 10 30 Am.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard D Beach M. D.

5/4/, 1926 (Address) 2329 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, May 6, 1926

20-UNDERTAKER John J Fields

ADDRESS 1200 N Lombard

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10255

CERTIFICATE OF DEATH.

161-201 E 10255

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 203 S. Eden st St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Giovonni Carlo Fiocco

(a) Residence No. 203 S. Eden st St., 3 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 14th March 1926

7-AGE: ....yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto Md

10-NAME OF FATHER, Luigi Fiocco

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary Morantini

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

(Informant) Luigi Fiocco

(Address) 203 S. Eden st

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar.

Per RAC

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4-26

17- I HEREBY CERTIFY, That I attended deceased from May 2 1926 to May 4 1926

that I last saw h[illegible]alive on May 4 1926

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus due to
preventing milk of 7 months.

(Duration) ....yrs. ....mos. ....ds

CONTRIBUTORY
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M.D.

May 7, 1926 (Address) 14 School

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St. Vincent

DATE OF BURIAL, May 5-26 1926

20-UNDERTAKER, Frank V. Pistone

ADDRESS 1800 E. Lanvale St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10256

CERTIFICATE OF DEATH.

44

E 10256

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Ellsworth ST. 8-3 WARD)

2-FULL NAME Katherine M. Parr

(a) RESIDENCE NO. 2004 Ellsworth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U. S., if of foreign birth? 79 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Parr

6 DATE OF BIRTH (month, day, and year): June 7 1845

7 AGE — Years: 80 — Months: 10 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Bernard Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

PARENTS

14 Informant: Mrs. Fred. J. Parr

(Address) 1740 Eutaw Pl

Filed MAY 5 - 1926, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from October 1 1925 to May 4 1926,

that I last saw h[illegible] alive on May 4 1926,

and that death occurred, on the date stated above, at 10:48 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no Clinical

What [illegible] confirm diagnosis?

(Signed) H. A. Meyer M. D.

5/5 1926 (Address) 1031 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: May 7 1926

20 UNDERTAKER: Henry Keech & Sons — ADDRESS: 1301 E[illegible]

Spec.—1-12-23—M&T—500 Blks.

10257.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10257.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin O'Connors (O'Conner)

(a) RESIDENCE NO. 1924 N Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. ds. How long in U. S., if of foreign birth? 47 yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | 4 COLOR OR RACE W. | 5 Single, ~~Married, Widowed,~~ or Divorced (write the word) Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Not known

AGE 47 years | Months — | Days — | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Thomas O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant John J. O'Connor

(Address) [illegible]

Filed MAY 5 - 1926 H. HANPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1926 to May 1, 1926, that I last saw him alive on May 1, 1926 and that death occurred, on the date stated above, at 10:15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) A. F. Bongiovi M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery | DATE OF BURIAL May 6 1926

20 UNDERTAKER Henry Hoerle Son | ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 10258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10258

CERTIFICATE OF DEATH.

65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospt (ST.) 14-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Quill

(a) RESIDENCE NO. 601 Pitcher St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sophia Quill

6 DATE OF BIRTH (month, day, and year): May 13 1880

7 AGE: Years 45 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

10 NAME OF FATHER: Edward Quill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co.

12 MAIDEN NAME OF MOTHER: Mary Maker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co.

Informant: Sophia Quill

(Address): 601 Pitcher St

Filed 5-15 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1926, to May 2, 1926.

That I last saw him alive on May 2, 1926

and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) [illegible], M. D.

, 19 (Address) Md. Gen. Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] DATE OF BURIAL: 5-7 1926

20 UNDERTAKER: Samuel L. Hemsley ADDRESS: 1118 N. Bidde

Spec.—8-24-14—M. & T.—2000 Bks.

E10259. HEALTH DEPARTMENT—CITY OF BALTIMORE E10259.

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1224 N. Calvert St. ST. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME HENRY FERNANDIS MAGNESS

(Residence in Baltimore: No. 1224 N. Calvert St.: 76 yrs., 5 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	-yes

6-DATE OF BIRTH, November 28, 1849 (Month) (Day) (Year)

7-AGE. 76 yrs. 5 mos. 5 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): 0b.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Thomas H. Magness

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Susan A. Martin

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H. Magness

(Address) 14 E. Read St.

MAY 5 - 1926 G. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3d (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May. 25 1926, to May. 3 1926, that I saw h[illegible] alive on May. 3 1926, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) yrs. mos. da.

(Signed) Thomas H. Magness M. D.

5/14, 1926 (Address) 14 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Green Mount Cemetery

DATE OF BURIAL. May 6, 1926

20-UNDERTAKER John F. Denny

ADDRESS 715 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10260
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 10260
Registered No. C

City of BALTIMORE: (No. 2642 Wilkens Ave W-6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary Kolb

(Residence in Baltimore: No. 2642 Wilkens Ave St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write this word.) Widow

6-DATE OF BIRTH. March 27th 1848
(Month) (Day) (Year)

7-AGE. 78 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

10-NAME OF FATHER. Johnson Goudy

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Kolb

(Address) 2642 Wilkens Ave

Filed 1926 C 192 HARRISON JONES, M. D. Registrar.

Per R.K.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 4th 192 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by (Inquest, autopsy or inquiry) find that said deceased came to (Her) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy
Chronic
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...
(Duration) ...yrs. ...mos. ...ds.

(Signed) Harrison Jones M. D.
Coroner
May 4 192 6 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal. Balto, Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery — DATE OF BURIAL. May 7 192 6

20-UNDERTAKER. George L. Smith — ADDRESS 1532 Hollins St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10261

CERTIFICATE OF DEATH.

188-003

E 10261

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Jean Wambach

(a) RESIDENCE NO. 1101 E. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5je yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Henry Wambach

6 DATE OF BIRTH (month, day, and year) Oct 3/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER James Wentworth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Geo. Henry Wambach

(Address) 1101 E. North Ave

Filed 5-1926 19 C. HAMPTON JONES, M. D. Registrar

Per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage

Rt. leg crushed by autotruck (Accident)

(Inquest to be held May 5/26)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Paul M. D.

(Coroner)

5/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial 5/6 1926.

UNDERTAKER D. J. Tew-McCully. ADDRESS 130 E. Fort.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10262

CERTIFICATE OF DEATH.

E 10262

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 532 E. Fort ST. 24-1 WARD)

REGISTERED NO. 161-902

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret V. Miller

(a) RESIDENCE NO. 532 E. Fort ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas E Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence E Hazzard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Miller (Address) 532 E Fort Ave

15 Filed MAY 5 1926 C. HAMPSON JONES, M. D. Registrar

By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to May 4, 1926

that I last saw h[illegible] alive on May 4, 1926

and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Abnormal Presentation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed R. K. Campbell M. D.

May 4 1926 (Address) 1600 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.—See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 5/5 1926

20 UNDERTAKER Hall & Talmage Sons

ADDRESS 31 E Biddle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10263

111-001

E 10263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 604 S. Ann St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Kolakowski

(a) RESIDENCE NO. 604 S Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Kolakowski

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself

9 BIRTHPLACE (city or town)

(State or country) Poland

10 NAME OF FATHER Adolph Kolakowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Waleria Pomanowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Stanley Kolakowski

(Address) 624 S. Ann St

C. THOMPSON JONES, M. D.

Filed 19

Per Registrar

MAY 2 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Stomach

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

5/2, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cemetery Date of Burial May 6" 1926.

20 UNDERTAKER W. J. Sadowski ADDRESS 405 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 10264

CERTIFICATE OF DEATH.

E 10264
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 E. Oliver ST., 8-3 WARD)

2-FULL NAME Frederick Von Kennen

(a) RESIDENCE No. 2225 E. Oliver ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Von Kennen

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver 023
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Von Kennen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Feller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katie Von Kennen
(Address) 2225 E. Oliver St.

15 Filed MAY 5 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24th, 1926, to May 3rd, 1926, that I last saw him alive on May 2nd, 1926, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism.

(duration) yrs. mos

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Not Date of —

Was there an autopsy? Not

What test confirmed diagnosis? Clinical Examination.

(Signed) M. Calvert Lee, M. D.

May 4th 1926 (Address) 3006 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	May 6. 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons. Inc.	1710 Fleet St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

E 10265 HEALTH DEPARTMENT—CITY OF BALTIMORE

18 E 10265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2822 Fox St. 12-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert S. Jackson

(a) RESIDENCE NO. 2822 Fox St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Jackson

6 DATE OF BIRTH (month, day, and year) Feb 14/1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer) Florist

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md.

10 NAME OF FATHER Scott Jackson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Kate Hopkins

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Kate Jackson

(Address) 2822 Fox St

Filed 1926, 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Neck-Fell down stairway in house where fire had destroyed stairway (over)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Collins M. D.

(Coroner)

5/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial May 5 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 172 Ashland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 10266
1-PLACE OF DEATH

CERTIFICATE OF DEATH

E 10266
Registered No. C

City of BALTIMORE: (No. Hollins Ferry Road & Arbuton Ave St., 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence E Wilkins Lakeland - Balto

(Residence in Baltimore: No. Hollins Ferry Road & Arbuton ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Apr 30th 1921 (Month) (Day) (Year)

7-AGE: 5 yrs. — mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Boy (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

10-NAME OF FATHER: Joseph H. Wilkins

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Anna Fontz

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. H. Wilkins

(Address) Hollins Ferry Road & arbuton Ave

Filed ..... C. HAMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, May 4th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and frnm the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion Brain & Shock

5 Min,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Auto Driver Unknown

(Duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.

Coroner

May 4 1926 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto, Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem DATE OF BURIAL: May 7th 1926

20-UNDERTAKER: Eschlemann Bros ADDRESS 1034 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

E 10267 HEALTH DEPARTMENT—CITY OF BALTIMORE 75-001 F 10267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Louisville

CITY OF BALTIMORE: (No. 1709 D. J. W. Ave WARD) 11-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ely Bradley.

(a) RESIDENCE NO. 1709 D. J. W. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Bradley

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

BIRTHPLACE (city or town) Ohio (State or country)

10 NAME OF FATHER — Jones

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

Informant Nancy Bradley (Address) 2615 Etting St.

Filed , 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1926 to May 3rd, 1926.

that I last saw h alive on May 1st, 1926,

and that death occurred, on the date stated above at 4 P M.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Ely Ellis, M. D.

19 (Address) 2 E Lanvale, Apt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemty DATE OF BURIAL 5-6 1926

20 UNDERTAKER Chas Alexander ADDRESS 1406 Druid Hill Ave

Spec. 7-10-21—M&T—1500 Bks.

1914 36

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10268

CERTIFICATE OF DEATH.

38 E 10268

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS H... ST., 4-1 WARD)

2-FULL NAME Frank Wheatley

(a) RESIDENCE No. 669 W. Lexington St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura -

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 59; Months; Days; If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: oyster shucker

(b) General nature of industry, business, or establishment in which employed (or employer): 049

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Henry Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Records - JOHNS HOPKINS HOSPITAL

(Address) JONES, M. D.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3rd 26

17 I HEREBY CERTIFY, That I attended deceased from April 27th 1926 to May 3rd 1926, that I last saw h[e] alive on May 3rd 1926, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): Syphilis (Probably).

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis C. Marbel M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: May 7 1926

20 UNDERTAKER: Payne & Waters

ADDRESS: 1162 Myrtle Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10269

CERTIFICATE OF DEATH.

74-201 E 10269

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 N Linwood Av ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Sermeroth

(a) RESIDENCE NO. 446 N Linwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 65 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Sermeroth

6 DATE OF BIRTH (month, day, and year) Jan 4th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) & Decorator

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Emma A. Sermeroth

(Address) 446 N Linwood Ave

Filed C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6 1926 to May 3 1926, that I last saw h— alive on May 3 1926 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. L. Lesp, M. D.

May 3 1926 (Address) 1701 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — DATE OF BURIAL May 7 19 26

20 UNDERTAKER F. W. Nicolaus & Sons — ADDRESS 2923 Eastern

Spec.—1-10-21—M&T—1500 Bks.

E 256
E 10270

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10270

CERTIFICATE OF DEATH.

22-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST., 7-1 WARD)

2-FULL NAME Lewis Hill

(a) RESIDENCE NO. Hunter - West ST., 2a - WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	55 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Ret

(c) Name of employer

9 BIRTHPLACE (city or town) West 2a -
(State or country)

10 NAME OF FATHER Thomas Hill

11 BIRTHPLACE OF FATHER (city or town) West 2a.
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Keesle

13 BIRTHPLACE OF MOTHER (city or town) West 2a -
(State or country)

Informant Records -
(Address)

Filed 1926 C. HAMPSON JONES, M. D., Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1926. to May 5 1926.
that I last saw him alive on May 5 1926.
and that death occurred, on the date stated above, at 2 9. m.
The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver
ascites
jaundice.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) J. L. Lambert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charleston n 2a	5/5/26
20 UNDERTAKER Joseph Ahrens	ADDRESS 221 Bway

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10271

E 10271

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 71-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mayett

(a) RESIDENCE NO. 1205 Warner ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74yr			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Alfred Mayett

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Barbara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records

(Address)

FILED 1926 C. HAMPSON JONES, M. D.

P. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to May 3, 1926, that I last saw him alive on May 3, 1926, and that death occurred, on the date stated above, at 7:100 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) R. Lindsay Miller M. D.

5/4, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL May 5" 1926

20 UNDERTAKER Geo M. Franklin

ADDRESS 811 N Wolfe

Spec.—1-10-21—M&T—1500 Bks.

E 10272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10272

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Homewood St. 10-2 WARD)

2-FULL NAME Thomas J Grogan

(a) RESIDENCE NO. 1022 Homewood Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 662

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER Thos. Grogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Casole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Anna Grogan

(Address) 1022 Homewood Ave

Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925 to May 4 1926

that I last saw living on May 3, 1926

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hutton, M. D.

May 6, 1926 (Address) 7001 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 6 1926

20 UNDERTAKER Rita Mudfield — ADDRESS 914 Gremont Ave

Spec.—1-10-21—M&T—1500 Blks.

10273

HEALTH DEPARTMENT—CITY OF BALTIMORE

10273

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Brown

(a) RESIDENCE NO. 251 Colvin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE: Years 45yr. Months Days

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER Lewis Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Lillian —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Baltimore City Hospitals

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1926, to May 2, 1926,

that I last saw h alive on May 2, 1926,

and that death occurred, on the date stated above, at 2:15 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff.

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Dr Lindsay Miller M. D.

5/4/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

1926 C. HAMPSON JONES, M. D.

Per

STATE OF MARYLAND

MAY 5 - 1926

Per Wm. A. Woodall

Spec.—1-10-21—M&T—1500 Bks.

E 10274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10274

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore, Md. (ST.) 17-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bank Swann,

(a) RESIDENCE No. 758 Dolphin St., ST., WARD

(Usual place of abode) Baltimore, Md.

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	black	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Swann,

6 DATE OF BIRTH (month, day, and year) ~~1884~~. 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	42			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina.

10 NAME OF FATHER Henry Swann,

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

Informant Hospital Records,

(Address) Baltimore City Hospitals.

1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1926 to May 2, 1926

that I last saw h... alive on May 2, 1926.

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Retro-Peritoneal Sarcoma;
Obstructive Jaundice; Lues.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia, Terminal

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-12-26

Was there an autopsy? Cholecystgastrostomy

What test confirmed diagnosis? No.

Clinical and Lab. Tests

(Signed) Chas Chamberlain Jones, M. D.

, 19 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Dermatology Dept.

MAY 5 - 1926

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10275

E 10275

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 729 Linnard St. 16-2 WARD)

2-FULL NAME Mrs. Blanche Lubbehusen

(a) RESIDENCE NO. 729 Linnard ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Wid.

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Jos. Lubbehusen

6 DATE OF BIRTH (month, day, and year) Apl. 2-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	70	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Cornelius Knott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Burroughs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant E. Lubbehusen

(Address) 729 Linnard St

Filed MAY 6 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from January, 1926, to May 2, 1926,

that I last saw h... alive on May 2, 1926,

and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) Multi years. yrs. mos. ds.

CONTRIBUTORY (Secondary) hypertension

(duration) acute yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas O'Donovan, M. D.

(Address) 5 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL May 6th 1926

20 UNDERTAKER J. J. Nolan ADDRESS 300 E. Biddle St.

Spec.—8-24-14—M. & T.—2000 Bks.

E 10276 HEALTH DEPARTMENT—CITY OF BALTIMORE 902 E 10276

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin Sq. Hosp ST. 8-2 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Alexander

(Residence in Baltimore: No. 1926 E Lanvale St.; yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. fe

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 11 (Month) 23 (Day), 1921 (Year)

7-AGE. ....yrs. ....mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Franklin Sq. Hospital

10-NAME OF FATHER. Charles Alexander

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Carrie Sachs

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet J. Alexander

(Address) 1926 E Lanvale St

C. HAMPSON JONES M. D.

Filed ....., 191.... per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11 23 1925 to 5 4 1926, that I saw h[illegible] alive on 5 5 1926, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Spinal Meningitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

May 5, 1926 (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Parkwood Cemetery

DATE OF BURIAL. May 7 1926

20-UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 10277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10277

CERTIFICATE OF DEATH.

111-00

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Rutland Av. Monument 752 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Craig

(a) RESIDENCE NO. 714 N Collington Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Craig

6 DATE OF BIRTH (month, day, and year): 3 [illegible] 1880

7 AGE — Years: 46 — Months: 1 — Days: 27 — If LESS than 1 day hrs. or min.: X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Graduate Male Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Hospital

(c) Name of employer: Private Cases

9 BIRTHPLACE (city or town) (State or country): Scranton Pa.

10 NAME OF FATHER: James J Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

Informant: Mrs Pearl Craig

(Address) 714 N Collington Avenue

C. HAMPSON JONES, M. D.

1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to May 4, 1926, that I last saw him alive on May 4, 1926, and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

Jaundice Ulcer

(duration) 28 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Secondary Anemia

(duration) mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Partial

What test confirmed diagnosis? X Ray & lab.

(Signed) Charles Linde M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 5/7 1926

20 UNDERTAKER: George J. Pulk — ADDRESS: 1335 Hanover St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10278

74-001

E 10278

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 26 N. Durham St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kunigunda Einwich

(a) RESIDENCE NO. 26 N. Durham St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 65 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wolfgang Einwich

6 DATE OF BIRTH (month, day, and year): 11/11 1846

7 AGE: Years 79 | Months 5 | Days 22 | IF LESS than 1 day....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): Germany

(State or country)

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

Informant (Address): Miss Annie Einwich 26 N. Durham St

1926 Aug 9 CLARENCE JONES Registrar

Fee KKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 19 26

17

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h___ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

_____ (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 4 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? ___ Date of _____

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Chas B Fisher, M. D.

Aug 5, 19 26 (Address) 1600 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — Date of Burial: 8/7 1926

20 UNDERTAKER: George J Ruthrof — ADDRESS: 1735 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

E 10279 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10279

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S. Milton Ave ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Schmidt

(a) RESIDENCE No. 709 S. Milton Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Chas. F. Schmidt

11 BIRTHPLACE OF FATHER (city or town) Chicago Ill.
(State or country)

12 MAIDEN NAME OF MOTHER Frances . Janiszewska

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant Mrs. Frances. Schmidt Mother
(Address) 709 S. Milton Ave.

Filed 1926 THOMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/3/26

17

I HEREBY CERTIFY, That I attended deceased from May 2 , 19 26 , to May 3 , 19 26 ,

that I last saw him alive on " 3 , 19 26 ,

and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Edward Neer, M. D.

5/3/26 (Address) 405 S Pat Park a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. May 6 1926

DATE OF BURIAL

20 UNDERTAKER John M Weber

ADDRESS 1803½ South St

Spec.—1-12-23—M&T—500 Bks.

E 10280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10280

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., SYDENHAM HOSPITAL WARD 14-2)

2-FULL NAME Jolen R. Griffin

(a) RESIDENCE NO. 1512 Jolen ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of or) WIFE of: —

DATE OF BIRTH (month, day, and year): Dec 6 - 1922

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	5	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Beulah Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Parents

(Address): 1512 John st

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 5, 19 26 to May 5, 19 26.

that I last saw him alive on May 5, 19 26

and that death occurred, on the date stated above, at 1:20 P m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary): —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) B Blackman, M. D.

(Address) Sydenham Hospital 5/5/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: May 6 19 26

20 UNDERTAKER: W C Brooks

ADDRESS: Sparks Md

Spec.—1-10-21—M&T—1500 Bks.

E 10281

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10281

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Pollard

(a) RESIDENCE NO. 744 Wastler ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE: 26

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Black Smith

(b) General nature of industry, business, or establishment in which employed (or employer): 006

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Indies

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Baltimore City Hospitals Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 19 26, to May 3, 1926.

that I last saw him alive on May 3, 1926.

and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

Rheumatic Myocarditis

(duration) 2 (History) mos ds.

CONTRIBUTORY (Secondary) Myocardial Insuff. (History)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) W Lindsay Miller M. D.

5/5/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: May 5 1926

20 UNDERTAKER: Daniel Carter

ADDRESS: Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10282

E 10282

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1025 S Howard St. 231 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Hines

(a) RESIDENCE. No. 1025 S. Howard ST. 23 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Hines

6 DATE OF BIRTH (month, day, and year): May 9 1876

7 AGE: Years 49 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

(c) Name of employer: B C & A R R Co.

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Jesse Driggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Driggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Grant Hines

Address: 1001 S Howard St

Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/4/26

17 I HEREBY CERTIFY, That I attended deceased from 4/9/26 to 5/4/26.

that I last saw h alive on 5/3/26.

and that death occurred, on the date stated above, at 6-45 A m.

The CAUSE OF DEATH* was as follows:

Tubal Regurgitation

Acute (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pneumonia (Broncho)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical & Clinical

(Signed) [illegible] M. D.

5/4/26 (Address) 905 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: May 7 1926

20 UNDERTAKER: John N. Trader — ADDRESS 1027 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 10283 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10283

CERTIFICATE OF DEATH.

79

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Mary Ave ST. Hamilton WARD 11)

2-FULL NAME Alexander Albaugh Mettee

(a) RESIDENCE No. 8 Mary Ave. ST., Hamilton WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Dec 13, 1902

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Frank K. Mettee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Grace D'Albaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

Informant: Mrs. Grace D. Mettee

(Address) 8 Mary Ave.

1926 C. HANSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 26 1926 to May 3 1926, that I last saw him alive on May 2 1926, and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:

Epileptiform convulsions

(duration) 1 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? 000 Date of

Was there an autopsy? no

What test confirmed diagnosis? symptoms

(Signed) Julia C. Loos, M. D.

19 (Address) 1713 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: May 6 1926

20 UNDERTAKER: Wm Wechner Son ADDRESS: North Ave

Spec.—1-12-23—M&T—500 Blks.

E 10284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10284

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. SYDENHAM HOSPITAL ST., 15-13 WARD)

2-FULL NAME Benjamine F. Bowers

(a) RESIDENCE NO. 2620 Pennsylvania Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Alice Bowers

DATE OF BIRTH (month, day, and year) Dec 3 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co Md

10 NAME OF FATHER Elias Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs. August Hartman

(Address) 2620 Penna Ave

1926 C. 19 HAMPSON JONES, M. D.

Por MCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 4, 1926, that I last saw him alive on May 4, 1926, and that death occurred, on the date stated above, at 10 30/P m.

The CAUSE OF DEATH* was as follows:

Erysipelas faciales

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G Hill, M. D.

5/5, 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	5/7 1926
20 UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	Penna North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Taylor)

E 10285 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10285

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 92 Warwick Ally St. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlie Dayton

(a) RESIDENCE. No. 92 Warwick Ally ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ky

10 NAME OF FATHER Jessie Dayton

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Ruben Baker
(Address) 92 Warwick Alley

Filed 1926 C. HAMPSON JONES, Registrar.
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 1926 to May 4 1926

that I last saw him alive on May 4 1926

and that death occurred, on the date stated above, at 8-a m.

The CAUSE OF DEATH* was as follows:

E Lansteen

(duration) yrs. Less mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ray Dayton M. D.

May 7 1926 (Address) 1220 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	May 7 1926
20 UNDERTAKER	ADDRESS
Robert Mullins	1515 N. Eden St

Spec—12-23-21—E.B.R.S.—400 Bks.

10286

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10286

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1822 Barclay St. St., 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel M. Straney.

(a) Residence No. 1822 Barclay St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word): Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): April 13 1874

7-AGE: 52 yrs. ..... mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

10-NAME OF FATHER: Edw. N. Straney.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Louisville Ky.

12-MAIDEN NAME OF MOTHER: Mary E. Brown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

(Informant) Miss Nelly M. Straney

(Address) 1425 E. Preston St.

Filed 1926 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 4th 1926

17. I HEREBY CERTIFY, That I attended deceased from May 4 1926 to May 4 1926

that I last saw h.. alive on May 4 1926

and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry M. D.

5/5/26 19 (Address) 4142 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	5/7 1926
20-UNDERTAKER	ADDRESS
Mary M. Wiedefeld.	542 2220 St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10287 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10287

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 724 E. 21st St. 9-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Peddicord

(a) Residence No. 724 E. 21st St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single.

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 25. 1861

7-AGE. 65 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Lisbon. (State or Country) Howard Co Md.

10-NAME OF FATHER, Henry G. Peddicord

11-BIRTHPLACE OF FATHER (city or town) Lisbon. (State or Country) Howard Co.

12-MAIDEN NAME OF MOTHER, Mary E Mercer

13-BIRTHPLACE OF MOTHER (city or town) Lisbon. (State or Country) Howard Co

(Informant) Mrs. Robt. L. Bateman.

(Address) 724 E. 21st St.

C. HANSON JONES, M. D., Registrar.

1926 Per ARH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4th 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 1925 to May 4th 1926

that I last saw h[illegible] alive on May 3 1926

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) 1 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Nephritis & Toxemia

(Duration) 5 yrs. 4 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Exam

(Signed) [illegible] M. D.

5/5, 1926 (Address) Woodlawn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters, Libertytown Md. DATE OF BURIAL 5/6 1926

20-UNDERTAKER C. Vernon Lemmon ADDRESS 601 E. 22nd St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10288

CERTIFICATE OF DEATH.

11-001 E 10288

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1606 Keyser ST., 8-3 WARD)

2-FULL NAME Catherine G. Zimmitzky

(a) RESIDENCE NO. 1606 Keyser ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S., if of foreign birth? 54 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19 1926

7 AGE — Years: — Months: — Days: 16 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Nicholas N. Zimmitzky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna G. Wolkowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr. Nicholas N. Zimmitzky

(Address): 1606 Keyser St

Filed ... 19 1926 — G. CLARKSON JONES, M. D. Registrar — R.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 1926 to May 5 1926.

that I last saw h[illegible] alive on May 4 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Arrhythmia

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tentative

(Signed) T. Ted Brumbaugh M. D.

(Address) 600 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: May 5th 19 26

20 UNDERTAKER: Henry Horak Son — ADDRESS: 1501 E Eager St

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10289

CERTIFICATE OF DEATH.

3/ E 10289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ba.) ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Murphy

(a) RESIDENCE NO. 2004 Fountain st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6 DATE OF BIRTH (month, day, and year) 1888 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	38 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Canning factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Joseph Gonski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Hospital Records

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926. to May 5, 1926.

that I last saw her alive on May 5, 1926.

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. M. Slack. M. D.

5-5-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL May 8 1926

20 UNDERTAKER J. H. Ozazewska ADDRESS 1980 Eastern

Filed 5-6-1926 C. HAMPSON JONES, M. D. Registrar

For RK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10290

CERTIFICATE OF DEATH.

X 71-002

E 10290

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Emily Knoch

(a) RESIDENCE NO. Woodside Ave. ST. Md WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced: (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 11 80

7 AGE: Years 46 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER ~~Henry~~ Franz W. Knoch

11 BIRTHPLACE OF FATHER (city or town) (State or country) " Ger.

12 MAIDEN NAME OF MOTHER Amelia A. Adelheidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

Informant (Address) Miss C. Knoch (Sister) same address

1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 4, 1926, that I last saw her alive on May 3, 1926, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis 3 (days)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Wilbert Croom, M. D.

, 19 (Address) Hyattsville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bachman's Cem.

DATE OF BURIAL 5/7 1926

20 UNDERTAKER Philip Herring

ADDRESS 3016 Orleans St

Permission granted for burial 5/7/26 10 a.m.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10291

CERTIFICATE OF DEATH.

45 E 10291

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W. Fayette ST. 18-2 WARD)

2-FULL NAME John M. Barkman,

(a) RESIDENCE No. 1005 W. Fayette ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: --------

6 DATE OF BIRTH (month, day, and year) Nov. 20. 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	78	5	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): O/H

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Joseph Barkman,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore. Md

12 MAIDEN NAME OF MOTHER: Susan Reisinger,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

Informant: Miss Lola Barkman

(Address) 529 E. 23rd St/

Filed MAY 6 1926 19 THOMPSON JONES, M. D.

Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to May 4, 1926, that I last saw him alive on May 4, 1926, and that death occurred, on the date stated above, at 5.40 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma rectum

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General sclerosis

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Thos Kennedy, M. D.

4/6, 1926 (Address) 700 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL MAY 7 1926

20 UNDERTAKER: Geo W. Little

ADDRESS 2750 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10292

CERTIFICATE OF DEATH.

44 E 10292

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Harlem Ave. ST. 16-7 WARD)

2-FULL NAME Marie S.Burroughs,

(a) RESIDENCE NO. 1705 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F.Burroughs,

6 DATE OF BIRTH (month, day, and year) Feb.15.1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Chicago Ill.

10 NAME OF FATHER Geo. Schneydter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bartha Krouse,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France.

Informant John F Burroughs

(Address) 1705 Harlem Ave

Filed MAY 6 - 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 18, 1925, to May 5th, 1926, that I last saw h[illegible] alive on May 4th, 1926, and that death occurred, on the date stated above, at 6.30a. m.

The CAUSE OF DEATH* was as follows:

Carcenoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy

(Signed) J.D. Lefstad, M. D.

5.6, 1926 (Address) 711 N. Lamond Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL MAY 8 1926

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

Spec.—12-9-25—A Co.—200 Bks.

Dr Hemmeter 2002 Garrison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10293

CERTIFICATE OF DEATH.

E 10293

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 636 Clinton Ave St. 17-2 Ward)

2-FULL NAME Oliver A. Dilworth

(a) RESIDENCE NO. 636 Clinton Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora V. Dilworth

6 DATE OF BIRTH (month, day, and year): May 11, 1867

7 AGE — Years: 58 — Months: 11 — Days: 24 — IF LESS than 1 day.....hrs. or.....min.: 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Packer

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: Salt Commission Co

BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Oliver Dilworth

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Caroline Meeks

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Balto Md

Informant: Mrs Helen Hagerty

(Address) 636 Clinton Ave

Filed MAY 6 - 1926 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 1926

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to May 5, 1926, that I last saw h__ alive on May 15, 1926, and that death occurred, on the date stated above, at 1.15 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (Secondary): none

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Fred B Hemmeter, M. D.

May 6, 1926 (Address) 2002 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 5/8 1926

20 UNDERTAKER: W. M. Cook — ADDRESS: 502 E Mad Ave

Spec.—12-9-25—A Co.—200 Bks.

E 10294

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Hall 1631 E North

49

E 10294

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1329 East North St., Ward)

2-FULL NAME Martha E. Frisch

(a) RESIDENCE NO. 1329 E. North St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Frisch

6 DATE OF BIRTH (month, day, and year): March 22 - 1854

7 AGE: Years 72 | Months 1 | Days 12 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 63

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co

(State or country) Md

10 NAME OF FATHER: Elias Blizzard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Agnes the Caples

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant: Martha E. Frisch

(Address) 1329 E North Ave

MAY 6 - 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 — 1926

17

I HEREBY CERTIFY, That I attended deceased from April-4, 1926, to May 4, 1926

that I last saw her alive on May 4, 1926,

and that death occurred, on the date stated above, at 12 M. P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder (Cova)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Gill Hall, M. D.

May 4 1926. (Address) 1631 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial 5-6 1926

20 UNDERTAKER: Wm Cook — ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10295

CERTIFICATE OF DEATH

+5 E 10295

1-PLACE OF DEATH West Balto. Gen. Hosp.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner Ave. & Dukeland ST., 7-1 WARD)

2-FULL NAME Mr. Harry Stevens.

(a) RESIDENCE NO. 1033 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): June 28, 1867

7 AGE — Years: 58 — Months: 10 — Days: 7 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectionary. Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 019

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Amelia Thurn

(Address) 1007 N. Payson St.

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 27, 1926, to May 5, 1926,

that I last saw him alive on May 5, 1926,

and that death occurred, on the date stated above, at 4:25 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid.
Intestinal Obstruction

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia.

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of None

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical Findings.

(Signed) R. Fantus. M. D.

5/5, 1926 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: May 7 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 Lond Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10296

CERTIFICATE OF DEATH.

11-002 E 10296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St., 9-4 Ward)

2-FULL NAME Arthur W. Kahler

(a) RESIDENCE NO. 604 Bartlett Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna C. Kahler

6 DATE OF BIRTH (month, day, and year) Feb 22/1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Sexton

(c) Name of employer St. Ann's Church

BIRTHPLACE (city or town) Washington Kahler

(State or country) St. Louis Mo

10 NAME OF FATHER Washington Kahler

11 BIRTHPLACE OF FATHER (city or town) St. Louis Mo

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Wallis

13 BIRTHPLACE OF MOTHER (city or town) St Louis Mo

(State or country)

Informant Edna C. Kahler

(Address) 604 Bartlett Ave

Filed 6-1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

(Signed) J. H. Waller M. D.

(Coroner)

5/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holdover Balto Date of Burial 6/7 1926

20 UNDERTAKER Williams & Co ADDRESS 502 E Nor

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10297

CERTIFICATE OF DEATH.

45 E 10297

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (STREET) 1512 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Wilderman

(a) RESIDENCE NO. Windsor Mill Road ST., WARD 1004 Shrewsbury Ave.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Widerman

6 DATE OF BIRTH (month, day, and year) May 22, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
70 71		--	14 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Robert Wilderman

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Hospital Records (Address)

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1926 to May 5, 1926.

that I last saw him alive on May 5, 1926.

and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon, with Metastases

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs

(Signed) Dr. J. Chaumont M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem. Rosby n Rd	May 8, 1926
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 N. Gay St.

E 10298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10298

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Howard & Fayette Sts. St., 76-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Otto

(Residence in Baltimore: No. 137 North Highland Avenue St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: xxx (Month) xxx (Day) 1857 (Year)

7-AGE: 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

10-NAME OF FATHER: Frederick Otto

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Selma Connolly

(Address) 137 North Highland Avenue

May 6 1926 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

6 hours

Natural (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard Lee Patterson M. D. (Coroner)

May 5 1926 (Address) 332 S. Patterson Pk. Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: May 7 1926

20-UNDERTAKER: Joseph B Cook ADDRESS: 1903 West Baltimore St

MAY 6 1926 HARRISON-JONES, N.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10299

CERTIFICATE OF DEATH.

31

E 10299

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 40 S. Schroeder St. St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Emily Banks

(a) RESIDENCE NO. 40 S. Schroeder St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 14, 1914

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
11	7 6	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Maryland

10 NAME OF FATHER Elmer E. Banks

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sophia Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore, Md.

Informant Mrs. Sophia Trew

(Address) 40 S. Schroeder St.

Filed ..... 1926 HENDERSON JONES, M. D. Registrar

Y6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/26 1926, to 5/5/ 19 26,

that I last saw h~~e~~ alive on 5/5/ 19 26,

and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Pul. Atelec

(duration) ~~one~~ yrs. mos. ds.

CONTRIBUTORY —

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Hosp. & Dept

(Signed) Bernard J. Lang, M. D.

May 5 1926 (Address) 910 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: May 7 1926

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 W. Balto St.

Spec.—1-1025—M&T—1500 Bks.

1894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10300

CERTIFICATE OF DEATH.

31 E 10300

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Thompson

(a) RESIDENCE NO. 518 N. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 17 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER William Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Annie Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant (Address)

Filed 1926 19 OK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11th, 1926. to May 3rd, 1926.

that I last saw her alive on May 3rd, 1926.

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary & peritoneal

(duration) yrs. 14 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Alexander Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 5/6 1926

20 UNDERTAKER: Samuel A. Bradley

ADDRESS 518 N Biddle

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10301

CERTIFICATE OF DEATH.

1926 E 10301

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH In front of

CITY OF BALTIMORE: (No. 1116 Peach Alley. ST. 23-1 WARD)

2-FULL NAME Sarah E. Snowden. C.

(a) RESIDENCE NO 1120 Peach Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 18, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairfield, Baltimore, Md.

10 NAME OF FATHER William Snowden. C.

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Eliza Malby. C

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co. Md.

14 Informant William Snowden. (C) father. (address) 1124 Peach Alley.

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd. 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to a stab wound in the chest involving the great blood vessels. Homicide. (over)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto H. Reinhardt M. D. (Coroner.)

May 5th. 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Branch

DATE OF BURIAL 5/6 1926

20 UNDERTAKER Samuel D. Hensley

ADDRESS 1128 N. Bond St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10302

CERTIFICATE OF DEATH.

188-003

E 10302

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 12-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Joseph Becker

(a) RESIDENCE NO. 3427 University Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Jan 4/1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Eastwick Motor

(c) Name of employer Car Co.

BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER John L. Becker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth M. Toal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

Informant Elizabeth M. Becker

(Address) 3427 University Place

Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull at base. Automobile Collision. Inquest to be held later

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

5/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Date of Burial 5-6 1926

20 UNDERTAKER Henry M. Mearsdon & Son ADDRESS 405 N. Mar

J. S. H. POTTER, M. D.
508 NORTH AVENUE, EAST
BALTIMORE, MARYLAND

Health Dept.

Please hold this certificate for several days before final entry as I am substituting for Dr. Morrissey. He is out of the city.

Respectfully,

May 6/36

J S H Potter
Coroner

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10303

CERTIFICATE OF DEATH.

45 E 10303

28-7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4509 Springdale Avenue ST. Forest Park WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Borum Brown

(a) RESIDENCE NO. 4509 Springdale Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma G. Young

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work District Passenger Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Seaboard Air Line Railroad

9 BIRTHPLACE (city or town) Portsmouth

(State or country) Virginia

10 NAME OF FATHER Joseph C. Brown

11 BIRTHPLACE OF FATHER (city or town) Portsmouth

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Olive Williams

13 BIRTHPLACE OF MOTHER (city or town) Portsmouth

(State or country) Virginia

PARENTS

Informant Mr. L. A. Young

(Address) Los Angeles, Cal.

Filed MAY 8 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to May 5, 1926,

that I last saw h[illegible] alive on May 5, 1926

and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (1 day).

Retroperitoneal Sarcoma

(duration) yrs. 3 mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? 3 weeks before death Exploratory Laparotomy

Was there an autopsy? No

What test confirmed diagnosis? 3 wks before: Exploratory Laparotomy

(Signed) Lewis F. Spruden M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth, Virginia

DATE OF BURIAL 5/6 1926

20 UNDERTAKER Henry W. Meers & Son

ADDRESS 805 N. Calvert St

a B.S.P.C6. - Escort - L. A. Young

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10304 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 10304

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2706 Hudson St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rykowski

(a) Residence No. 2706 Hudson St., / Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. ds. How long in U. S., if of foreign birth? 25 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1873 - May 20

7-AGE: 52 yrs. 11 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

10-NAME OF FATHER: Michal Plewacks

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

(Informant) John Rykowski

(Address) 2706 Hudson St.

Filed ....., 19.. C. HAMPSON JONES, M. D. Registrar.

E = 1926 Pa. KK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 4 1926

17- I HEREBY CERTIFY, That I attended deceased from April 15 1926 to May 4 1926

that I last saw h[illegible] alive on May 4 1926

and that death occurred, on the date stated above, at 10-5-7 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Mitral Insufficiency (Non Compensatory)

Cranial Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Tomkowski M. D.

, 19 (Address) 2379 Eastern Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	May 8 1926
20-UNDERTAKER.	**ADDRESS**
Stephen L Fiskowski	1000 Glenwood Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

HE 10305

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4601 Liberty Hgts Ave. 28-2 WARD)

2-FULL NAME Louisa V. Megary

(a) RESIDENCE. No. 4601 Liberty Hgts Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William McMullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Jane M Foxwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Eloise M Sigler
(Address) 4601 Liberty Heights Ave

15 Filed , 19 MASON JONES, M. D.
6-1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch , 1926, to May 5 , 1926.

that I last saw h alive on May 5 , 1926,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) A. E. Lemmich, M. D.

May 6 1926 (Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	May 7 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10306 E 10306

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Hollins ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L Roberts

(a) RESIDENCE NO. 1622 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 29 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: John B Roberts

BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ann R Amos

BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mrs Annie V. VanArsdale

(Address) 1622 Hollins St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

For PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to May 6, 1926.

that I last saw her alive on May 5, 1926

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

+ general anasarca

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) M Bowman Reed, M. D.

5/6, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 8 1926

20 UNDERTAKER: George J Smith

ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Bks.

Lena Walters

E 10307 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 10307

1-PLACE OF DEATH 1826.

CITY OF BALTIMORE: (No. 1826 Ethel St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Walters

(a) RESIDENCE NO. 1826 Ethel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Walters

6 DATE OF BIRTH (month, day, and year): 878

AGE: 47 (Years / Months / Days) If LESS than 1 day, hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: ✓

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Abram Viney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Amanda Latham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Willie Johnson

(Address) 1826 Ethel St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to May 4th, 1926, that I last saw h[illegible] alive on May 4th, 1926, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Lee Otis, M. D.

19 (Address) 724 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cem DATE OF BURIAL: 5-7 1926

20 UNDERTAKER: George T. A. Gibson

ADDRESS: 1730 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10308

E 10308

161-00

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 6-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Vogt

(a) RESIDENCE No. 26 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23, 26

7 AGE Years Months Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Henry Vogt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Runte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant W E Simpson

(Address) Johns Hopkins Hospital

Filed May 7, 1926 CLAYTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 5, 1926, that I last saw her alive on May 5, 1926, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. E Simpson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL May 7 1926

20 UNDERTAKER F. A. Frances

ADDRESS 763 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10309

E 10309

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 E. Pratt ST., 1-1 WARD)

2-FULL NAME Mary R. Gumby

(a) RESIDENCE NO. 1117 E. Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Sept 30th 1846

7 AGE — Years 79 — Months 7 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER James (illegible) Gumby

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann M. Shirley

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

Informant Mrs. Jacobs

(Address) 1117 E. Pratt St.

1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6, to May 4, 26,

that I last saw her alive on May 13, 1926,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Senilis.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) ..... yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Ross Hunter, M. D.

, 19 (Address) 253 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 5/12 19 26

20 UNDERTAKER C. J. Fanning — ADDRESS 1738 E. Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10310

CERTIFICATE OF DEATH.

89

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E North Ave ST. 15-12 WARD)

2-FULL NAME William E. Myers

(a) RESIDENCE NO. 1635 E North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Martha Myers

6 DATE OF BIRTH (month, day, and year) Feb 5 1860

7 AGE: Years 66 | Months 2 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired letter carrier

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER Oliver P. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Eliza M. Armiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs. Emma Myer

(Address) 1635 E North Ave

Filed: MAY 6 1926

C. HAMPSON JONES, M. D. Registrar

Per M.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 - 1926, to May 5 1926,

that I last saw him alive on May 5 1926,

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) E. Gill Hall, M. D.

May 6 1926 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 8 1926

20 UNDERTAKER: Henry Hoerth Son — ADDRESS: 1501 E Eager

Spec.—1-10-21—M&T—1500 Bks.

E 10311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10311

CERTIFICATE OF DEATH.

REGISTERED NO. 75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1704 E 29th ST., 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George P. Wagner

(a) RESIDENCE NO. 1704 E 29th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Anna M. Wagner

6 DATE OF BIRTH (month, day, and year): February 7 1867

7 AGE — Years: 59 — Months: 2 — Days: 26 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Delivery Clerk for 23

(b) General nature of industry, business, or establishment in which employed (or employer): Penn. R.R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Hedwig Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

Informant: Mrs. Anna M. Wagner

(Address) 1704 E 29th

Filed 1926, 19

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1924, to May 5, 1926,

that I last saw h living alive on May 5, 1926,

and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Paralysis + Emesis

Cirrosis (duration) 1 yrs 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. T. Zimmerman

5/5 1926 (Address) 2808 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 8 1926

UNDERTAKER: Henry Storck Son

ADDRESS: 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10312

CERTIFICATE OF DEATH.

100 E 10312

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Robb ST. 9-4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Chester

(Residence in Baltimore: No. 2027 Robt St

St.; 4 yrs., 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Mar

6-DATE OF BIRTH, Jan 16, 1922
(Month) (Day) (Year)

7-AGE, 4 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Howard Chester

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eva Talton

13-BIRTHPLACE OF MOTHER (State or Country) Somerset Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Chester

(Address) 2027 Robb st

Filed C. HAMPSON JONES, M. D.

926 Per RRH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5-5, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-1 1926, to 5/5 1926, that I saw h[illegible] alive on 5/5 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchio-pneumonia

(Duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 2 da.

(Signed) David Miller M. D.

5-6, 1926. (Address) 1500 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, May 8, 1926

20-UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10313

CERTIFICATE OF DEATH.

90 E 10313

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Michael Clifford (ST.) 10-2 (WARD)

2-FULL NAME Little Sisters of the Poor.

(a) RESIDENCE NO. Preston & Valley ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Cecelia Clifford

6 DATE OF BIRTH (month, day, and year) About Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Walter Cliffford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary + +

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

PARENTS

Informant Sister Florence

(Address) Preston & Valley

Filed 1926 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17

I HEREBY CERTIFY, That I attended deceased from No record, 19 , to , 19 ,

that I last saw h alive on May 2, 1926,

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Warren, M. D.

May 6, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL May 8 1926

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1411 Light St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10314

CERTIFICATE OF DEATH.

91-02

E 10314

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 W Biddle St. 17-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Longuinielle

(a) RESIDENCE NO 624 W Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mobile

(State or country) Alabama

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

Informant Rev Rebbish

(Address) 624 W Biddle St

Filed ..... 19 ..... Registrar

PATTERSON JONES & CO.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1924, to May 5th, 1926

that I last saw her alive on May 5th, 1926

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) ..... yrs. 14 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

(duration) ..... yrs. 1 mos. — ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 1 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mobile Alabama — Date of Burial May 7 1926

20 UNDERTAKER Daniel Easton — ADDRESS 916 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E 10315 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10315

CERTIFICATE OF DEATH. 6 129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1040 N. Stockton St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Bailey Franco Baylor

(a) RESIDENCE NO. 1040 N. Stockton St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female 4 Color or Race: colored 5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): about 1873

7 AGE: Years 52 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Va.

10 NAME OF FATHER: James Baylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Randall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

Informant: Wokeley Baylor

(Address): 732 N. Eutaw St

Filed 19 HARRISON JONES, M. D.

1926 Per RRR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 5 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

chr. Par. Nephritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): no history

(duration) yrs. mos. ds.

(Signed) D. T. Hemsley M. D. (Coroner)

5/14, 19 26 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Disease contracted, if not at place of death

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial May 6 1926

20 UNDERTAKER: Daniel Easton ADDRESS 916 Bank

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10316

E 10316

CERTIFICATE OF DEATH.

188-002

1-PLACE OF DEATH

City of BALTIMORE: (No. W Baltimore Gen Hosp St., 15-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel E. Snyder

(a) RESIDENCE NO. Beulah Villa Apts St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2-1830

7 AGE: Years 96 Months Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No Occupation

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER David Snyder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant Mrs Jno. Buttenheim

(Address) Beulah Villa Apts

1926 C. HAMPSON JONES, M. D.

Registrar

By WPA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1926

17 I HEREBY CERTIFY, That I took charge of the remains desrribed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to death by the means stated above, on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull Accidental

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Knocked down by street car

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

5/6 1926 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Berryville Va

Date of Burial: May 7 1926

20 UNDERTAKER: Chas. E. Franck

ADDRESS: 502 Madison Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10317

E 10317

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1002 N Payson St. St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob C Fay

(a) RESIDENCE NO. 1002 N Payson St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Fay

6 DATE OF BIRTH (month, day, and year): Oct 25 1852

7 AGE: Years 73 Months 6 Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Ret

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) Lorraine France

10 NAME OF FATHER Christopher Fay

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Lorraine France

12 MAIDEN NAME OF MOTHER Fredericka Miller

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

Informant Lillian Fay

(Address) 1002 N Payson St

Filed MAY 8 - 1926 H. C. HARRISON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest and thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

(Signed) D. T. Fleming, M. D.

(Coroner)

5/5/ 19 26 (Address) 2502 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos., ds. In the State....yrs., mos., ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: May 8 1926

20 UNDERTAKER: Edward G Funk — ADDRESS: 1610 N Fulton Ave

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10318

CERTIFICATE OF DEATH.

1801

18 E 10318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 S. Scott St. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Campbell

(a) RESIDENCE No. 341 S. Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) About Mar 4-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60	2		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER Patrick Dwyer

BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Ann. Heffernan

BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Jennie White

Address 3625 Westminster Pl

M. HAMPSON JONES, M. D.

Registrar

1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/14/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning

Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Harold Fisher, M. D. (Coroner.)

5/16/1926 (Address) 3325 Pod ph an

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 5-17th 1926

ADDRESS Calhoun & Hollins sts

ROBERT BROOKS & SON
FUNERAL DIRECTORS & EMBALMERS
S. E. CORNER CALHOUN & HOLLINS STREETS

Spec.—1-10-21—M&T—1500 Blks.

E 10319 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorris Baker

(a) RESIDENCE NO. Ellicott City Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 27, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	#	11	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Harry J. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estelle Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Mrs. Reynolds

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17

I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 6, 1926,

that I last saw her alive on May 6, 1926,

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Otitis Media

Bronchio Pneumonia

acute

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Toxemia.

same. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 19 26
20 UNDERTAKER Easton Sons	ADDRESS Ellicott City

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

10320

CERTIFICATE OF DEATH.

90 E 10320

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 Warrenton Rd ST. Guilford 27-6 WARD)

2-FULL NAME Robert Manson Smith

(a) RESIDENCE No. 43 Warrenton Road ST., Guilford WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Whitridge Smith

6 DATE OF BIRTH (month, day, and year) Mar 3 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	76	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Retired

(b) General nature of industry, business, or establishment in which employed (or employer) — Shipping

(c) Name of employer —

9 BIRTHPLACE (city or town) Norfolk, Va (State or country)

10 NAME OF FATHER James Marsden Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va

12 MAIDEN NAME OF MOTHER Grace Wolcott Williamson

13 BIRTHPLACE OF MOTHER (city or town) Norfolk Va (State or country)

Informant Marsden Smith

(Address) 1534 Bolton St Balt.

Filed 7-1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to May 5, 1926, that I last saw him alive on May 4, 1926, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Heart failure (prob. Sudden coronary occlusion), after several yrs. of myocardial insufficiency & paroxysmal fibrillation

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Henry M. Thomas Jr M. D.

. 19 (Address) 1014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	May 7 1926
20 UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Co	McCulloh & Orchard Sts

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10321
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

6-3 10 001 14

E 10321
Registered No.

City of BALTIMORE: (No. 114 N. Lakewood Ave. St., One 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Maria Palmisano

(a) Residence No. 114 N. Lakewood Ave. St., 6 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced.~~ (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Canino Palmisano

6-DATE OF BIRTH (month, day and year) June 1842

7-AGE. 83 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Termini Imerese Italy

10-NAME OF FATHER Filippo Saurone

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Termini Imerese Italy

12-MAIDEN NAME OF MOTHER Antonina Cammarata

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Termini Imerese Italy

(Informant) August Palmisano

(Address) 114 N. Lakewood ave.

C. HAMPSON JONES, M. D.

ed. 192 Per Registrar

7-1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 5-1926

17- I HEREBY CERTIFY, That I attended deceased from May 1 1926 to May 5 1926 that I last saw h.r alive on May 5 1926 and that death occurred, on the date stated above, at 4-15 p. m.

The CAUSE OF DEATH* was as follows:

Cachexia

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) A. Palmisano M. D.

19 (Address) 4404 Belmont Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	May 8 1926
20-UNDERTAKER, Frank V. Peterson	ADDRESS 1800 E. 32 nd St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10322

CERTIFICATE OF DEATH.

90 E 10322

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 60 Market Place St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Rohm (Rohm)

(a) RESIDENCE NO. 60 Market Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 5 1873

7 AGE Years 53 Months 3 Days 21

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Varnisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER Lemar Rohm

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Magd. Hulzler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

Informant Mrs. M. Rauser

(Address) 2406 McElderry

Filed 19 C. HAMPSON JONES, M. D.

1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. Ao. Insuf.

Acute dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial May 8 1926

20 UNDERTAKER J. J. Mee ADDRESS 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10323

CERTIFICATE OF DEATH.

129 E 10323
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hanie E Ryan.

(a) RESIDENCE No. 1401 N Central Av. Balto. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis J. Ryan

DATE OF BIRTH (month, day, and year): Sept 5 - 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	31	8	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: August Edel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Carol Heldfrich

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

Informant: Francis J Ryan
(Address) 111 Barclay St.

Filed - 1926

G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5 — 6 — 1926

17 I HEREBY CERTIFY, That I attended deceased from 5 — 5 — 1926. to 5 — 6 — 1926.
that I last saw her alive on 5 — 6 — 1926.
and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Theron Hunter M. D.
5-6. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: 5 8 1926

20 UNDERTAKER: Chas. F. Ward & Son | ADDRESS: 1118 North Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10324

CERTIFICATE OF DEATH.

× 58-001 E 10324

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 132 St Paul St

CITY OF BALTIMORE: (No. 132 St Paul St ST. 11-3 WARD)

2-FULL NAME Howard Van Doren Shaw

(a) RESIDENCE No. Chicago Ill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 26 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs Howard H Shaw

6 DATE OF BIRTH (month, day, and year) May 7th 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architect

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ill

10 NAME OF FATHER: Thomas A Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ill

12 MAIDEN NAME OF MOTHER: Sarah Van Doren

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ill

Informant: Mrs Howard H Shaw

(Address) 2450 Lakeview Ave Ill

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to May 6, 1926, that I last saw him alive on May 6, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood examinations

(Signed) Ernest B. Crosse, M. D.

5/6, 1926 (Address) 1050 North Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chicago Ill

DATE OF BURIAL: May 7 1926

UNDERTAKER: Henry H Jenkins Son Co

ADDRESS: Eutaw and Lombard Sts

File 1926, 19 C. HAMPSON JONES, Registrar

Per PK

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10325

CERTIFICATE OF DEATH.

4 E 10325

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1125 Largent St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Buhl

(a) Residence No. 1125 Largent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis Buhl

6-DATE OF BIRTH (month, day and year) Apr. 29-1865

7-AGE 61 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New York

10-NAME OF FATHER, Geo. W. Brinker

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER, Marie Dosell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14-Informant Mrs Louis Buhl

(Address) 1125 Largent St

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 5, 1926.

17- I HEREBY CERTIFY, That I attended deceased from June 15 1925 to May 5 1926

that I last saw h. alive on May 4 1926

and that death occurred, on the date stated above, at 5 30p m

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
Primary

(Duration) 1 yrs. mos. ds

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Molly Hoag M D

May 7. 1926 (Address) 7 Glenwood Ave Govans Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western Cemetery

DATE OF BURIAL, May 7, 1926

20-UNDERTAKER, George L. Schmidt

ADDRESS 2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10326

CERTIFICATE OF DEATH.

71-001

E 10326

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital W-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nelson Page Ebert

(a) RESIDENCE NO. 205 Fremont St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr. 26-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Month.	1	X	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: William Ebert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lillian Page

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Nelson C. Ebert
(Address) 205 Fremont St

Filed 1926 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-6-26

17 I HEREBY CERTIFY, That I attended deceased from 4-1- 1926, to 5-6-26

that I last saw him alive on 5-6-26, 19

and that death occurred, on the date stated above, at 7.40 P.M.

The CAUSE OF DEATH* was as follows:

Aneurism Sacculi Terminalis
(Not Acute)

(duration) yrs. mos 45 ds.

CONTRIBUTORY (Secondary): Hydrocephalus

(duration) yrs. mos. 45 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-6-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Jarad Howell, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
London Park Cemetery May 10 1926

20 UNDERTAKER: George L. Schmidt & Bro. ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

10327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 10327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1357 (Ward) St 71-4 (WARD)

2-FULL NAME Briscoe Phillips

(a) RESIDENCE NO. 1357 (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: mary Phillips

6 DATE OF BIRTH (month, day, and year): April 16, 1866

7 AGE — Years: 60 — Months: — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ruxton Maryland

10 NAME OF FATHER: George Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ruxton Md

12 MAIDEN NAME OF MOTHER: not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ruxton Md

PARENTS

14 Informant (Address): Frank P Phillips 1357 Ward St

Filed 7-1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-5-1926.

17 I HEREBY CERTIFY, That I attended deceased from 5-1-1926 to 5-5-1926.

that I last saw him alive on 5-4-1926.

and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

nephritis (duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) myocarditis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) John E. L. Campbell M. D.

19 (Address) 1405 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

15 NAME OF BURIAL, CREMATION OR REMOVAL: Not Cremation Lot

DATE OF BURIAL: 5/8 1926

20 UNDERTAKER: Samuel Stanley

ADDRESS: 37 Bilde

Ermer.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10328 E 10328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Forest Ave. REGISTERED NO. 8

CITY OF BALTIMORE: (No. Saint Ann St. Franklintown ST. 28-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wallace H. Ermer

(a) RESIDENCE. NO. Saint Ann ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6 DATE OF BIRTH (month, day, and year) 8, 16, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry G. Ermer

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lizzetta Muth

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Henry George Ermer
(Address) Saint Ave Franklintown

15 Filed MAY 8 - 1926 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1926, to May 7, 1926, that I last saw h alive on May 6, 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever +
Lymphatic Septicemia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Smith M. D.

May 7, 1926 (Address) 4209 Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	May 8, 1926

20 UNDERTAKER H. C. Branning Son ADDRESS 517 N. Schroeder St

Spec.—1-10-21—M&T—1500 Blks.

E 10329

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Virginia Ave St. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter J. Curran

(a) RESIDENCE NO. 1 Virginia Ave St. East WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Curran

6 DATE OF BIRTH (month, day, and year): July 10 - 1850

7 AGE: Years 75; Months 9; Days 24; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Lowell (State or country) Mass

10 NAME OF FATHER Patrick Curran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Walter Curran

(Address) 302 Valley St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 20, 1926 to May 4, 1926.

that I last saw him alive on May 4, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Endocarditis Complicating

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J. W. Thomas M. D.

May 6, 1926 (Address) 1226 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: May 7, 1926

20 UNDERTAKER: Rita Wedefeld — ADDRESS: 914 Druid Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10330

CERTIFICATE OF DEATH.

E 10330

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1022 N Payson ST. 16-4 WARD

2-FULL NAME Sarah Ann Engelman

(a) RESIDENCE No. 1022 N Payson ST., WARD. Westminster

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Femal	White	W. dowd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josiah Engelman

6 DATE OF BIRTH (month, day, and year) May 26 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER David Nickey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant David Engelman

(Address) 1022 N Payson St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY - 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1926, to May 5, 1926, that I last saw h alive on April 30, 1926, and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows: Myocarditis (Cardiosclerosis)

(duration) X yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age, Bronchial asthma (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Dallas F. Baggett, M. D.

, 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md	May 9 1926
20 UNDERTAKER	ADDRESS
W M Routson	23 S Paca St

Spec.—1-10-21 M&T 1500 Blks.

E 10331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 001 ✓ E 10331

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 4011 Belle Ave Forest Park

CITY OF BALTIMORE: (No. 4011 Belle Ave ST. 15-1 WARD)

2-FULL NAME Florence S. Mercer

(a) RESIDENCE NO. 4011 Belle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	63	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Howard County (State or country) Md

10 NAME OF FATHER Azal W. Mercer

11 BIRTHPLACE OF FATHER (city or town) Howard Co (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Mercier

13 BIRTHPLACE OF MOTHER (city or town) Howard Co (State or country) Md

Informant Joshua Mercer

(Address) 2709 Kate Ave Forest Park

Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

1926 Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 7, 1926, that I last saw her alive on May 6, 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Fracture

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms.

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 817 Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL May 10th 1926

20 UNDERTAKER C. Lorenzo Kennard

ADDRESS 728 W. Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10332

CERTIFICATE OF DEATH.

12 E 10332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hd General Hospital St. 15-5 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Grace Whedbee

(a) RESIDENCE NO. 2303 Roslyn Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur E Whedbee

6 DATE OF BIRTH (month, day, and year): Nov 23-1890

7 AGE: Years 35 yrs. Months 5 Days 13 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Maryland

PARENTS

10 NAME OF FATHER: Mr. Fredrick S. Weakley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Miss Tillie Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Grace Whedbee

(Address) 2303 Roslyn Ave

15 Filed _____, 19 C. HAMPSON JONES, Registrar

By _____

7-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/6/26 19

17 I HEREBY CERTIFY, That I attended deceased from 5/4/26, 19 ____, to 5/6/26, 19 ____, that I last saw h— alive on 5/6/26 and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

Cholelithiasis

(duration) 7 yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) ____ yrs. ____ mos. 1½ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 5/5/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. O. Tompkins, M. D.

, 19 (Address) 2303 Roslyn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: May 7th 19 26

20 UNDERTAKER: D. Pettigrew & Son

ADDRESS: 1723 W Lafayette Ave

Exact statement of OCCUPA-

See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10333

CERTIFICATE OF DEATH.

E 10333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Herring Ct. St.) 32 WARD)

REGISTERED NO. 1610

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Reese

(a) RESIDENCE NO. 213 Herring Ct. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 5, 1926

AGE Years — Months — Days 1

If LESS than 1 day, hrs. or..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto Md

(State or country)

10 NAME OF FATHER Millard Reese

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Mamie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant Ein Johnson

(Address)

Filed 1926 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to May 6, 1926

that I last saw h alive on May 5, 1926,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows: Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Edwin Hamm, M. D.

, 19 (Address) 315 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Mrs. Wm. A. Woodall

Spec.—1-10-21—M&T—1500 Blks.

10334

HEALTH DEPARTMENT—CITY OF BALTIMORE

10334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO. 161-096

CITY OF BALTIMORE: (No. N. Broadway ST. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Picha

(a) RESIDENCE NO. 1822 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3, 1926

7 AGE — Years — Months — Days — If LESS than 1 day 22 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Home & Infirmary.

10 NAME OF FATHER Frank Picha

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Barbo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Address) Church Home & Infirmary Broadway Baltimore Md

Filed ..., 19... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to May 4, 1926, that I last saw him alive on May 4, 1926, and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none.

(Signed) H. C. Smith, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: C. HAMPSON JONES, M. D. [illegible]

DATE OF BURIAL: 19

20 UNDERTAKER: [illegible]

ADDRESS

MAY 7 - 1926

[illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10335

159-200

E 10335

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3407 Tolbert St. 17-1 Ward)

2-FULL NAME Baby Bailey

(a) RESIDENCE NO. 3407 Tolbert St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 3 1926

7 AGE: Years | Months | Days: 1 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Maryland

10 NAME OF FATHER Alexander

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Serena Bailey

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Maryland

Informant

(Address)

Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to May 5, 1926, that I last saw h[illegible] alive on May 5, 1926, and that death occurred, on the date stated above, at 2:05 P. m.

The CAUSE OF DEATH* was as follows:

Blue Baby due to
Premature Birth &
Physical condition of
Mother (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? Mt Pender

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jul Abell, M. D.

, 19 (Address) 1426 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND Date of Burial 19

20 UNDERTAKER C. THOMPSON JONES & SON ADDRESS

1926 Apl 5

Commissioner Health

Cor.—12-9-25—A Co.—200 Bks.

Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10336

E 10336

CERTIFICATE OF DEATH.

38

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Nunnerley Hos St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Fuller

(a) RESIDENCE NO. 501 Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)
Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

BIRTHPLACE (city or town) Va ?

(State or country)

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant

(Address) C. HAMPSON JONES, M. D.

1926 Per 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coarctation of aorta

Over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

(Signed) Raphael Weber M. D.
(Coroner)

1926 (Address) 1325 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10337

CERTIFICATE OF DEATH.

90 E 10337

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 321 S. Wolfe St., St. 21 Ward)

2-FULL NAME Richard Wesley McLaughlin

(a) RESIDENCE NO. 321 S. Wolfe St. 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 29th 1851

7 AGE: Years 74 | Months 11 | Days 8 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer): at Southern Can

(c) Name of employer: Co

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

10 NAME OF FATHER: Thomas McLaughlin

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Sarah Crouch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md.

Informant: Charles McLaughlin

(Address) 321 S. Wolfe St.

Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1926, to May 6th 1926, that I last saw him alive on May 3 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Val. Dis Heart

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. S. Greer, M. D.

5/7/26 (Address) 408 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery Date of Burial: May 9th 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10338

CERTIFICATE OF DEATH.

90 E 10338

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2727 Eastern Ave St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas H. Durkin.

(a) RESIDENCE NO. 2727 Eastern Ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Durkin

6 DATE OF BIRTH (month, day, and year): Dec 14 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto. Transfer

(b) General nature of industry, business, or establishment in which employed (or employer): Business Office

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

10 NAME OF FATHER: John Durkin.

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Bridget Loftus

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

Informant: Mary M. Durkin.

(Address) 2727 Eastern Ave

Filed G. HAMPSON JONES, M. D. Registrar

By [illegible]

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to May 5, 1926, that I last saw him alive on May 5, 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

5/5, 1926 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: May 8 1926

20 UNDERTAKER: Lilly - Zeiler — ADDRESS: 4033 Wash Blvd

Spec.—1-12-23—M&T—500 Bks.

E 10339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10339

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Bayne & Dukeland ST., 5 WARD)

2-FULL NAME Christopher Wainwright Richards

(a) RESIDENCE NO. 621 N Spring ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriett Wainwright Richards

6 DATE OF BIRTH (month, day, and year): Unknown 1892

7 AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Harriett Wainwright

(Address) 621 N. Spring St

1926 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/26, 1926, to 5/5, 1926, that I last saw h[illegible] alive on 5/5, 1926, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) K. Farber, M. D.

, 19 (Address) 1015 B. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters cemetery — DATE OF BURIAL: May 8 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland Av.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10340 E 10340

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Union Ave St. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Elizabeth Springer,

(a) RESIDENCE NO. 1110 Union Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Lewis R. Springer,

6 DATE OF BIRTH (month, day, and year) February 16, 1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): St. Marys County Md.

10 NAME OF FATHER J. Biscoe Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Marys County

12 MAIDEN NAME OF MOTHER Mrs. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Marys County

Informant: Husband.

(Address) 1110 Union Ave.

C. HAMPSON JONES, M. D.

1926 Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4th, 1926, to May 6, 1926,

that I last saw her alive on May 6, 1926

and that death occurred, on the date stated above, at 5:05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 23, 1925

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Wm. A. Stamas, M. D.

, 19 (Address) 1201 Griffeso Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	5/8 1926
20 UNDERTAKER	ADDRESS
George A. Tinley	Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 10341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10341

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH St Joseph's Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, No 2-1 St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick T Hartman (Lombard)

(a) RESIDENCE NO. 2026 E Lombard St / ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Hartman

6 DATE OF BIRTH (month, day, and year) Feb 5 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 6 D Kenney Stores

BIRTHPLACE (city or town) (State or country) Frederick Md

10 NAME OF FATHER Anthony N Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mullinsburg W. V.

12 MAIDEN NAME OF MOTHER Josephine Lautner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Pauline T Hartman

(Address) 2026 E Lombard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 5, 1926.

that I last saw h alive on May 5, 1926.

and that death occurred, on the date stated above, at 9.35 p m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab Test

(Signed) Frank Cramer, M. D.

19 (Address) 1205 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 8 1926
20 UNDERTAKER Wendell Dyffel Son	ADDRESS 878 N

1926 C. HAMPSON JONES, M. D. Registrar

Per

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10342 E 10342

CERTIFICATE OF DEATH.

11-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 E. Barney ST. 24-7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred M Krafft

(Residence in Baltimore: No. 124 E Barney St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, July (Month) 20 (Day), 1925 (Year)

7-AGE, 0 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Clarence Krafft

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Grace Surfs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Krafft

(Address) 124 E Barney

May 6, 1926 C. HAMPSON JONES, M. D. Registrar.

Per ARW

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1926, to May 5th 1926, that I saw h-r alive on May 6th 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia following influenza

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Hampson Jones M.D.

May 6, 1926 (Address) 124 E Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, 5-9, 1926

20-UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins sts

Spec.—1-10-21—M&T—1500 Blks.

10343

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 10343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Dover ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Dorsey

(a) RESIDENCE No. 1808 Dover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Dorsey

7 DATE OF BIRTH (month, day, and year): Oct 6 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Wm Wilkins Co

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Geo Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Margaret Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

Informant: Mary Mussel

(Address): 2122 Boyce St

1926 C. HAMPSON JONES, M. D. Registrar

Per ———

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1926, to May 6 1926, that I last saw h— alive on May 5 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) James N. Rosenberger M. D.

5/7 1926 (Address) 1749 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: May 9 1926

20 UNDERTAKER: F B Shepherd

ADDRESS: 1850 N Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 10344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10344

CERTIFICATE OF DEATH.

V

174

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1432 Anthony ST. 10-2 (WARD)

2-FULL NAME James Wallace

(a) RESIDENCE NO. 1432 Anthony ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

7 DATE OF BIRTH (month, day, and year)

AGE 56 Years 7 Months 17 Days

If LESS than 1 day, hrs. or min.

7— (1869 July 19)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Stanford & Brooks

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Pat

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant (Address): Barry Wallace 1572 Millington

Filed , 19

1926 Per HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10. 1926. to May 6 . 1926

that I last saw him alive on May 6 — . 1926

and that death occurred, on the date stated above, at 5-40 P m.

The CAUSE OF DEATH* was as follows:

Congestion of Liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Cold

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical test

(Signed) H Wallace M. D.

. 19 (Address) 1636 Ashland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Lawn

DATE OF BURIAL: 5/9th 1926

20 UNDERTAKER: Jas. Jno. Skinner

ADDRESS: 1625 E. Madison st

Spec. 2-10-21—M&T—1500 Bks.

1926 E 10345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10345

CERTIFICATE OF DEATH. 7-1 122-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Katie Shiro

(a) RESIDENCE NO. Century, West Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? unknown mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Shiro

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Austria
(State or country)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) unknown

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 6, 1926, that I last saw h[illegible] alive on May 6 at 1926 and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver (ana)

(duration) 1 ?? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Century W. Va	May 8 1926
20 UNDERTAKER Hughes & Jones Inc	ADDRESS 14 W Broadway

Spec.—1-12-23—M&T—500 Blks.

E 10346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 F 10346

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Welcome ST. 492-1 WARD)

2-FULL NAME William Louis Neal

(a) RESIDENCE NO. 509 Welcome St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 31, 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	6	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Angie Neal.

11 BIRTHPLACE OF FATHER (city or town) Charlotte (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) Charlotte (State or country) N. Carolina

Informant Angie Neal

(Address) 509 Welcome st

Filed ....., 19.... C. HAMPSON JONES, M. D.

926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-7 1926

17

I HEREBY CERTIFY, That I attended deceased from May-6, 1926, to May-7, 1926, that I last saw him alive on May, 7, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

acute Broncho Pneumonia

(Primary)

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No, Date of

Was there an autopsy? No,

What test confirmed diagnosis? None.

(Signed) David Francklin, M. D.

(Address) 122 — See 45

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion M.E. | DATE OF BURIAL May 8 1926

20 UNDERTAKER Adolphus Halsted | ADDRESS 904 N Eutaw St.

Spec.—1-12-23—M&T—500 Bks.

E 10347

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 1001 E 10347

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W. Woodland ave ST., 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Thomas Booker

(a) RESIDENCE NO. 1 W. Woodland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male (White)

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Dec 25 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Nelson Joseph Booker

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Adelaide Ernstberger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant Nelson J. Booker (Address) 1 W. Woodland ave

Filed MAY 7 1926 G. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to May 6, 1926, that I last saw him alive on May 6, 1926, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. E. Dougherty, M. D.

, 19 (Address) 1602 Druid Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 7 1926
20 UNDERTAKER	ADDRESS
Chas G. Black	742 W North ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10348 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10348

159-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 Portland St. 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Gertrude Hoff

(a) Residence No. 710 Portland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 24th 1926

7-AGE, yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer.

BIRTHPLACE (city or town) Balto. (State or Country), Md.

10-NAME OF FATHER, John J. Hoff.

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Gertrude Gaither

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

(Informant) John J. Hoff

(Address) 710 Portland St.

1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 7th 1926

17- I HEREBY CERTIFY, That I attended deceased from May 6th to 1926 to May 7th 1926 that I last saw her alive on May 7th 1926 and that death occurred, on the date stated above, at 9:30A M.

The CAUSE OF DEATH* was as follows:

Probably Blue Baby

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Edlamation of heart feature (Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Poulton M. D.

5/7/26 19 (Address) 3909 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cem. DATE OF BURIAL, May 8th 1926

20-UNDERTAKER, Charles F. Dill ADDRESS 3737 Norley Ave.

Spec.—1-10-21—M&T—1500 Blks.

E 10349 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10349

101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 McCulloh ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy J Ames

(a) RESIDENCE NO. 1320 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Ames

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE Years 55 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Camden N.J.

10 NAME OF FATHER John Ames

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Revels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Anne Ames

(Address) 1320 McCulloh

Filed 1926 G HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to May 5, 1926, that I last saw h alive on May 4, 1926, and that death occurred, on the date stated above, at 1245 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C Stewart M. D.

, 19 (Address) 704 W Fayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 5/8/26

20 UNDERTAKER Samuel T Hinsley ADDRESS 5/8 N Bdle

Spec.—1-10-21—M&T—1500 Bks.

E 10350

HEALTH DEPARTMENT—CITY OF BALTIMORE

33

E 10350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Martin

(a) RESIDENCE NO. 422 W Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER James Martin

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Patsy Chatmans

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant Patsy Martin

(Address) 422 W Biddle St

1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1926, to May 5, 1926.

that I last saw h[illegible] alive on May 5, 1926

and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis peritonitis

(duration) 1 mo yrs. mos ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

Secondary Pernicious (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4-24-26

Was there an autopsy? No Exploratory Laparotomy

What test confirmed diagnosis? Operation

(Signed) Ira P Chaney M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 5/8 1926

20 UNDERTAKER Samuel Kunkel

ADDRESS 528 Biddle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10351

CERTIFICATE OF DEATH.

131 E 10351

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 11-V Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah L. Henry

(a) RESIDENCE NO. 923 Druid Hill Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
85yr.				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant (Address): Baltimore City Hospitals Records

Filed 926

C. HAMPSON JONES, M. D.
Registrar

Per C R A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1926, to May 4, 1926,

that I last saw her alive on May 4, 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis + Pyelonephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory + autopsy

(Signed) W. Lindsay Kiefer, M. D.

5/6/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel ct — DATE OF BURIAL: May 7 1926

20 UNDERTAKER: D. L. Brown & Son — ADDRESS: 1085 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10352

CERTIFICATE OF DEATH.

E 10352

REGISTERED NO. 12-5-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 E North Ave ST. 12-5 WARD)

2-FULL NAME Louis J Maier

(a) RESIDENCE NO. 306 E North Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 73 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Maier

6 DATE OF BIRTH (month, day, and year): July 5 1852

7 AGE: Years 73 yrs. Months 10 Days 1 (If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper at 5

(b) General nature of industry, business, or establishment in which employed (or employer): Paints Glass

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: John G Maier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Williamsburg Germany

14 Informant (Address): Wm. George Maier 234 E 5th St Balto md

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1922, to May 6, 1926, that I last saw him alive on May 6, 1926, and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

CONTRIBUTORY (Secondary) (duration) yrs. Ganger 4 mos. 4 ds.

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Wm Elder M. D.

, 19 (Address) 1005 N. Longwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Wm Cook ADDRESS: 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10353

CERTIFICATE OF DEATH.

188-803 E 10353

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle V. McKeldin

(a) RESIDENCE NO. 1513 N. Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Oct 23/1917

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER Harry C. McKeldin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.Md

12 MAIDEN NAME OF MOTHER Emma E. Richardson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

Informant Harry C. McKeldin

(Address) 1513 N. Bradford St

1926 G. HUMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-Rt frontal Region Rt. Shoulder & left ankle lacerated

Automobile struck her (Accident)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cater M. D.

(Coroner)

5/7/26 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial May 10 1926

20 UNDERTAKER J.M. Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 10354 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10354

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No.) Bay View Asylum (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Conyers.

(a) RESIDENCE NO. 547 N. McMechen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
38 Years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER Otho Conyers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Alice Henry.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records (Address) Baltimore City Hospitals

Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to May 5, 1926, that I last saw her alive on May 5, 1926, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Epithelioma Right Arm & neck.

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Tuberculosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Chas. C. Hagner M. D.

(19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	May 8 1926
20 UNDERTAKER	ADDRESS
Virginia G. Brooks	1463 N. Carey

Spec.—12-9-25—A Co.—200 Bks.

E 10355

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00

E 10355

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 N. Tenth St. St. 26-3 Ward)

2-FULL NAME Richard Fillmore Saunders Jr

(a) RESIDENCE NO. 110 N. Tenth St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18-1925

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Richard F. Saunders

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Mamie M. Stoal

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

Informant Richard F. Saunders.

(Address) 110 N. Tenth St.

Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7- 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29 1926 to May 6 1926,

that I last saw h[illegible] alive on May 6 1926,

and that death occurred, on the date stated above, at 3.30 G. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY Broncho Pneumonia

(Secondary)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Other town

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Symptoms

(Signed) Louis Pole M.D.

5/7/26 (Address) West Fromm Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial May 10 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10356 E 10356

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Clifton ave ST., 8-1 WARD)

2-FULL NAME James Winchel Bosson

(a) RESIDENCE NO. 1638 Clifton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chelsea (State or country) Mass.

10 NAME OF FATHER James M. Bosson

11 BIRTHPLACE OF FATHER (city or town) Chelsea (State or country) Mass.

12 MAIDEN NAME OF MOTHER Nancy Fielding

13 BIRTHPLACE OF MOTHER (city or town) Chelsea (State or country) Mass

Informant Geo. Bosson (Address) 1638 Clifton ave

1926 May 5 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feby 16, 1926, to May 6, 1926, that I last saw h alive on May 6, 1926, and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTOR (Secondary) Chronic Myocarditis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes Physical Diagnosis

What test confirmed diagnosis?

(Signed) Paul Brown, M. D.

5/6, 1926 (Address) 1837 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 10 1926

20 UNDERTAKER Rita Weisfield — ADDRESS 914 Druid Park

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10357

101 E 10357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Wicomico ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence E. Boston,

(a) RESIDENCE NO. 1143 Wicomico ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
emale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct, 4 1925

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	7	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Raymond Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Carrie Johnigens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Mr. Raymond Boston.

(Address) 1100 Russell St..

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 1926, to May6th, 1926, that I last saw her alive on May 6th, 1926 and that death occurred, on the date stated above, at 5;45 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Convulsion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edward Nicodemus M. D.

(Address) 24 N.Fulton Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 8th 1926

20 UNDERTAKER John Cowen & Sons

ADDRESS 901 Hollins

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10358

E 10358

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Bowers Ct ST. 18-1 WARD)

2-FULL NAME Bessie Snowden

(a) RESIDENCE. NO. 242 Bowers Ct ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER John Snowden

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Priscilla Hammond

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

Informant Lillian Cooper
(Address) 211 N Schroeder

Filed 8-1926 C. HAMPSON JONES, Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17

I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to May 7, 1926,

that I last saw h alive on May 7, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic
Endocarditis
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Norwood, M. D.

, 19 (Address) 909 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 9, 1926

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

Zora

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10359

CERTIFICATE OF DEATH.

74-E 10359

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735 North Fulton ave ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Zora Price

(a) RESIDENCE NO. 735 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Blake Price

6 DATE OF BIRTH (month, day, and year) May 17-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) Bryan town

(State or country) Charles Co. Md

10 NAME OF FATHER Jerry Burch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Charles Co Md

12 MAIDEN NAME OF MOTHER Marie L. Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Charles Co. Md

Informant Eugene S. Higden

(Address) 735 North Fulton ave

1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 23, 1926, to May 7, 1926, that I last saw her alive on May 6, 1926, and that death occurred, on the date stated above, at 4 20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Arteri. sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Amos C. Todd, M. D.

5/7, 1926 (Address) 735 N. Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rodolf Charles Co Md — DATE OF BURIAL 5/10/26

UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10360

101-001

E 10360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 501 N. Mount St. 19-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Evans

(a) RESIDENCE NO. 501 N. Mount St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 26 1925

7 AGE: Years ____ Months 8 Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Chas. Evans

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie Topping

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Balto. Md

Informant Lizzie Evans

(Address) 501 N. Mount St.

1926 C. 19 HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 6 26.

17

I HEREBY CERTIFY, That I attended deceased from May 2 1926, to May 6 1926,

that I last saw h[illegible] alive on May 6 1926.

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY ____

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

5/8/26. (Signed) Bernard L. Sweet, M. D.

(Address) 1707 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem. Date of Burial May 8 1926

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS 1725 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

E 10361

HEALTH DEPARTMENT—CITY OF BALTIMORE

74E 10361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Hargrove Alley St., 43 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Brewington

(a) RESIDENCE No. 405 Hargrove alley St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) July 1890

7 AGE: Years 35 — Months 10 — Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Newspaper Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: none.

9 BIRTHPLACE (city or town) (State or country): Clinton U. S.

PARENTS

10 NAME OF FATHER: Louis Brewington

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S.

12 MAIDEN NAME OF MOTHER: Margaret Brown 5/7 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S.

14 Informant: Bertie Sykes (Address) 405 Hargrove alley

15 1926 .19 ... Registrar C. HAMPSON JONES, M. D. AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 18th 1926 to May 7th 26

that I last saw h— alive on May 6th 1926

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Influenza Pneumonia Pulmonary Tuberculosis (duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical —

(Signed) Harry F. Brown M. D.

(Address) 1916 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clinton Ne — DATE OF BURIAL: May 8 1926

20 UNDERTAKER: Robert Watkins — ADDRESS 1515 McElderry St

Spec.—12-9-25—A Co.—200 Bks.

E 10362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10362

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3910 Elm Ave. St., 13-4 (Ward)

2-FULL NAME Elizabeth Sheckels

(a) RESIDENCE NO. 3910 Elm Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Odis B. Sheckels

6 DATE OF BIRTH (month, day, and year): May 16-1840

7 AGE — Years: 85 | Months: 11 | Days: 21 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Maryland

10 NAME OF FATHER: Thomas Feathers

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Matilda Hopper

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

Informant: Mrs. Emma Foster

(Address): 3910 Elm Ave

Filed: C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7- 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 1 1926, to May 7, 1926

that I last saw her alive on May 6, 1926

and that death occurred, on the date stated above, at 10:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis & myocarditis.

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Oedema lungs.

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hiram Woodward, M. D.

5/8 1926 (Address) 846 N 34th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden) Date of Burial: May 8 1926

20 UNDERTAKER: Horace G. Burgee ADDRESS: 3631 Falls Road

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10363

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Forrest St ST.: 5-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Moore

(a) RESIDENCE. NO. 315 Forrest St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: C | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 48 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Oxford Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Mary Woods 315 Forrest St

Filed 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16 1926 to May 7 1926, that I last saw h alive on May 7, 1926, and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marcellus E. Torrey, M. D.

, 19 (Address) 1745 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion cemetery DATE OF BURIAL: May 9 1926

20 UNDERTAKER: Edward Bryan ADDRESS 1631 Orleans St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10364

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged Womens Home (ST.) 19-1 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Garland

(a) RESIDENCE. No. 1400 W. Lexington ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	21	
	76	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

600

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Garland

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah McCawley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ella J. Jones Matron

(Address) 1400 W. Lexington

15 Filed MAY - 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926, to May 1926,

that I last saw h alive on May 7, 1926,

and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis? X Howard

(Signed) , M. D.

May 8, 1926 (Address) 705 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	May 10 1926
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 10365 HEALTH DEPARTMENT—CITY OF BALTIMORE 992 E 10365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 Patapsco Westport ST. 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pius Bailey

(a) RESIDENCE NO. 246 Patapsco ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella. Bailey

6 DATE OF BIRTH (month, day, and year) Aug. 28 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 0810

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Lithuania (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant Mrs Ella Bailey

(Address) 246 Patapsco St

Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

By ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 13 1925 to May 7 1926.

that I last saw him alive on May 6 1926

and that death occurred, on the date stated above, at 6.15a m.

The CAUSE OF DEATH* was as follows:

Chron. Emphysema & Bronchitis, & asthma

about (duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Chas. C. Conser M. D.

5/7. 1926 (Address) 110. N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Louden Park Cemetary May. 10 1926

20 UNDERTAKER — ADDRESS

Chas B. Kuchaucka 837 S. Spring St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10366 E 10366

CERTIFICATE OF DEATH.

100-0

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St., 22-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Farley

(a) RESIDENCE No. 317 S Shapse St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	? unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
53?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Unknown

(b) General nature of Industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

Informant Baltimore City Hospitals Records (Address)

Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per ..... Clerk

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17

I HEREBY CERTIFY, That I attended deceased from May 2, 19 26 to May 4, 19 26, that I last saw him alive on May 4, 19 26, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab.

(Signed) Lindsay Miller M. D.

5/5/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 5/5/26

20 UNDERTAKER C. Haley Sons

ADDRESS 1218 Light

Spec.—1-10-21—M&T—1500 Blks.

E 10367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10367

CERTIFICATE OF DEATH

38

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View Asylum ST. ..... WARD 17-26

2-FULL NAME Trenett Dunkett

(a) RESIDENCE No. 580 St Mary's Street ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	39 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant: Bay View Hospitals (Address) Hospital Records

Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

(Admitted to Asylum): 9-23- 1919, to May 5 1926.

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on May 6 1926

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis left leg - following infection through Lister Vulcan - Lues -

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia -

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab test

(Signed) Chas C. Hampson Jones M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 8 1926

UNDERTAKER: Jno. M. Johnson — ADDRESS: 1234 Ellwood St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10368

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 317 N. Gilmor St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reginald L. Barnes.

(a) Residence No. 317 N. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 9, 1925

7-AGE, ...yrs. 11 mos. 27 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

10-NAME OF FATHER Norman J. Barnes.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER Blanche J. Goode

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

(Informant) Norman J. Barnes

(Address) 317 N. Gilmor St.

78 - 1926 C. HAMPSON JONES, M. D.

Phy. Home

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 6, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 6, 1926, that I last saw him alive on May 6, 1926, and that death occurred, on the date stated above, at 3 31 P. M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn M. D.

(Address) 507 N. Fulton Ave.

May 6 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel County — DATE OF BURIAL. 5/8/26

20-UNDERTAKER. Chas. Alexander — ADDRESS 1408 Druid Hill Ave

Spec. — 10-21 — M&T — 1500 Blks.

(Moses Smith)

1926 10369

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10369

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Smith

(a) RESIDENCE NO. 946 N. Howard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Smith

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 65 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sallie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Interment (Address): Records

Filed 1926, 19 C. HAMPSON JONES, Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29. 1926. to May 7. 1926.

that I last saw h alive on May 7. 1926.

and that death occurred, on the date stated above, at 4 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Cachexia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or if deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Wm R. A. Elliott

ADDRESS: 1725 Ashland Av.

Spec.—12-9-25—A Co—200 Blks.

E 10370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-00

E 10370

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 153 East St. 5-1 Ward)

2-FULL NAME Nannie Vouges

(a) RESIDENCE NO. 153 East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Centenarian 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

10 NAME OF FATHER Albert Vouges

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Cassie Watkins

(Address) 153 East St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925, to May 6, 1926, that I last saw h.. alive on May 5, 1926, and that death occurred, on the date stated above, at 1 50 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paraplegia

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) X Edward Forker, M. D.

5-6, 1926 (Address) 1622 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial May 9 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1225 Ashland av

Spec.—1-10-21—M&T—1500 Bks.

Dr mahn ✓

E 10371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10371

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S Lakewood Ave ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Tieman.

(a) RESIDENCE NO. 528 S. Lakewood Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 25. 1892

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
33	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Oceanic Steam Ship Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Nicholaus Tieman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary E. Pilcd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Nicholaus Tieman

(Address) 528 S. Lakewood Ave

15 1926 C. HAMPSON JONES, M. D. Registrar

Per ACB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1924, to May 6, 1926,

that I last saw h[illegible] alive on May 6, 26, 19,

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinic + Exp

(Signed) C. C. Hanson M. D.

5/8/26 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: May 9 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Eutaw St

Spec.—I-10-21—M&T—1500 Bks.

E 10372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-6 E 10372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Ruskin ave ST., 15-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Uhlfelder.

(a) RESIDENCE NO. 2206 Ruskin ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Nov 24-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Jacob Uhlfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Kline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Adam Uhlfelder

(Address) 2206 Ruskin ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7. 1926

17 I HEREBY CERTIFY, That I attended deceased ~~from~~ for years, 19 ..., to date of death, 19 ...,

that I last saw him alive on May 6, 1926,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Hardening to Cerebral Apoplexy

Duration yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Christine Le Vars, M. D.

May 1926 (Address) 824 N Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hart's Hill Cemetery

DATE OF BURIAL May 11 1926

20 UNDERTAKER J. Ahrens & Co

ADDRESS 331 Penna Ave

Spec.—1-10-21—M&T—1500 Blks.

E 10373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10373

X 21-001

CERTIFICATE OF DEATH.

REGISTERED NO. 10373

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St. ST., 4-1 WARD)

2-FULL NAME Virginia McCommons

(a) RESIDENCE NO. Aberdeen Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	11	8 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

10 NAME OF FATHER Milton McCommons

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Ada Saufin

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Street Bowman (Address) Aberdeen Md.

Filed , 19 Registrar

E. HAMPSON JONES

8-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to May 8, 1926, that I last saw her alive on May 8, 1926, and that death occurred, on the date stated above, at 9 05 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis Streptococcus Hemolyticus

(duration) yrs. mos 3 de.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 8 hrs.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Eva T. Dodge M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Co. Rock Run Cem Md. — DATE OF BURIAL 5-9 1926

20 UNDERTAKER E & B Hale 115 E Hoff St. — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10374

CERTIFICATE OF DEATH.

70

E 10374

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Burns

(a) RESIDENCE NO. Fayetteville N.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 4 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fayetteville N.C

10 NAME OF FATHER: Robert Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Mamie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C

Informant

(Address) JOHNS HOPKINS HOSPITAL

Filed 9 1926

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1926 to May 9, 1926, that I last saw him alive on May 9, 1926, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of May 8, 1926

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fayetteville, N. C.

DATE OF BURIAL: May 19 26

20 UNDERTAKER: Hughes & Jones Inc

ADDRESS: 1001 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 10375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10375

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 N. Milton ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria A. Gehring

(a) RESIDENCE NO. 154 N. Milton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Gehring

6 DATE OF BIRTH (month, day, and year): Sept. 15 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ger.

PARENTS

10 NAME OF FATHER: Moenig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Dorothea Sensenbrenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant (Address): Virginia Hutzler 154 N. Milton

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY That I attended deceased from May 1, 1926, to May 7, 1926, that I last saw h[illegible] alive on May 7, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Wolpert M. D.

, 19 (Address) #156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne Ave.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10376

CERTIFICATE OF DEATH.

185 E 10376

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Glick

(a) RESIDENCE No. 904 Whitelock St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Glick

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Nathan Silverman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Sam Glick
(Address) 904 Whitelock St.,

Filed ... 192 ... C. HAMPSON JONES, M. D. Registrar
per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8:30 P.M. May 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Edema from Vincents Angina.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Fracture pelvis (accident) Fell from roof while hanging clothes

(duration) yrs. mos. ds.

(Signed) J. F. Sweeney M. D.

(Coroner)

May 6 192 6 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL 5 9 1926

20 UNDERTAKER Jacob Lewis ADDRESS 1439 E Balt St

Spec.—1-1931—M&T—1500 Bks.

1926 E 10377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

132 E 10377

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-1 STA. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Collector

(a) RESIDENCE NO. 1013 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Collector

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Maurice Sechir

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: JOHNS HOPKINS HOSPITAL (Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1926, to May 7th, 1926, that I last saw h alive on May 7th, 1926, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Cyclonephritis, Bilat.

Kidney stones, Large Bilat

(duration) about 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy shock & Pneumonia 2 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (?)

Did an operation precede death? yes Date of May 1926

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy Operative Cystoscopy

(Signed) George H. Gardner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebron Rosedale

DATE OF BURIAL: 5/9 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balt St

Spec.—1-10-21—M&T—1500 Blks.

E 10378

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

74 E 10378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 N. Broadway (St.) 8-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Louise Parker

(a) RESIDENCE NO. 1219 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Parker

6 DATE OF BIRTH (month, day, and year) Mar 20th, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Phillips

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Randall

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant E. G. Parker (Address) 1219 N. Broadway

15 Filed ..., 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to May 7, 1926, that I last saw her alive on May 7, 1926, and that death occurred, on the date stated above, at 3.55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas L Taylor M. D.

S. E. 1926 (Address) 1203 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL May 10th, 1926

UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—1-0-2—M&T—1500 Bks.

1910 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10379

CERTIFICATE OF DEATH.

65-001 E 10379

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 26-7 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Schneider

(a) RESIDENCE NO. 311 S 14th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eunice

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 33 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hardwood finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

10 NAME OF FATHER: Ged Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Antonie Berka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

Informant: Records

(Address)

Filed ..... 19 .....

THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16th, 1926, to May 6th, 1926, that I last saw him alive on May 6th, 1926, and that death occurred, on the date stated above, at 8 35 P. m.

The CAUSE OF DEATH* was as follows:

Lymphoid Leukaemia.

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary): Pernic. Hemorrhage

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood examination.

(Signed) Louis C. Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Zirkler & Zirkler

ADDRESS: 1739 E Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Ninth St., Craigerlea 6-3 Ward) Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME John Bates

(a) Residence No. 908 Ninth St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or WIFE) of Annie Bates

6-DATE OF BIRTH (month, day and year) May 12 1853

7-AGE. 72 yrs. 11 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailor

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Bedford Pa

PARENTS:

10-NAME OF FATHER. Andrew Bates

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14-(Informant) Rose Bates

(Address) 908 Ninth St

15-Filed C. HAMPSON JONES, M. D., Registrar.

1326 Per P K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from October, 1925, to May 7, 1926, that I last saw h. alive on May 7, 1926, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Cystoscopic etc.

(Signed) Frank J. Ayd M. D.

May 8, 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 10, 1926
20-UNDERTAKER.	ADDRESS
William G. Schaeffer	816 E. Monument

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10381

CERTIFICATE OF DEATH.

90 E 10381

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1552 Woodyear St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rosa Crawley

(a) Residence No. 1552 Woodyear St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Crawley

6-DATE OF BIRTH (month, day and year) Oct ? 1901

7-AGE 24 25 yrs. 6 ? mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER Frank Oliver

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va ?

12-MAIDEN NAME OF MOTHER, Mattie ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va ?

11- (Informant) John Crawley

(Address) 1552 Woodyear

15- 9 - 1926 HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 6 1926

17. I HEREBY CERTIFY, That I attended deceased from Apr 16 1926 to May 6 1926 that I last saw h. alive on May 5 1926 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. ? mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. mos. / ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Sinclair M. D.

5-7 1926 (Address) 1126 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL. 5-9 1926

20-UNDERTAKER. Samuel Greenwald

ADDRESS 378 W Biddle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10382

CERTIFICATE OF DEATH.

*17 E 10382

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

2-FULL NAME Garnett Andrews Green

(a) RESIDENCE NO. Washington, Ga. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Green

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) No information

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Ga.

10 NAME OF FATHER No information

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER No information

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Hospitsl Records

(Address)

Filed_____ 19_____ Registrar

C. HAMPSON JONES, M. D.

5-9-1926 PK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage- Cut his throat & both wrists with safety razor blade (Patient at Phipp's Institute since Feb 20/26 (Duration) (Suicide) mos. ds.

CONTRIBUTORY (Secondary) Depressive Paronoid Reaction (Duration) yrs. mos. ds.

(Signed) J. H. Hollins M. D.

(Coroner)

5/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Washington Ga.	May 9 1926

20 UNDERTAKER Richard F. Conley ADDRESS 1621 W Wash. St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10383

CERTIFICATE OF DEATH.

E 10383

1-PLACE OF DEATH

Registered No. C

City of BALTIMORE: (No. 2627 Bernard Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William R Chalk

(Residence in Baltimore: No. 2627 Bernard St St.; 71 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, ~~Widowed, or Divorced~~, (Write the word.) yes

6-DATE OF BIRTH. May 7 (Month) (Day) 1855 (Year)

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stationary
(b) General nature of industry, business, or establishment in which employed (or employer). Engineer

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. James Chalk

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary E Gosnell

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-I HEREBY CERTIFY, That the above is true to the best of my knowledge.

(Informant) Annie Chalk

(Address) 2627 Bernard St

Filed MAY 9 - 1926 JAMESON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 7 (Month) 28 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, ~~autopsy or inquiry~~ find that said deceased came to ~~his~~ death at 3:30 A.M. (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Lewis Hartman M. D.
(Coroner)

May 8 1926 (Address) 1532 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs mos ds. In the State yrs mos ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Marys Hampden DATE OF BURIAL. May 10 1926

20-UNDERTAKER. Ebenezer Lee Ehrenwerth ADDRESS. 3611 Chestnut Ave

Spec. 1402-4 M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10384 E 10384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry [illegible] Burt

(a) RESIDENCE NO. 27 Warren Ave ST., Youngstown WARD Ohio
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora W. Burt.

6 DATE OF BIRTH (month, day, and year): Aug 9 1876

7 AGE: Years 49 Months 9 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer 045
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Francis Burt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Catharine Headley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 1926, to May 9th, 1926, that I last saw him alive on May 9th, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Pulmonary infarct

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Youngstown, Ohio

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood chemistry

(Signed) Rolph T. Bowers, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Youngstown Ohio — DATE OF BURIAL: May 9 1926

20 UNDERTAKER: Wm J Pickuer Sons — ADDRESS: North Pa

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10385

CERTIFICATE OF DEATH.

31 E 10385

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 Cergule ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Holly

(a) RESIDENCE NO. 1412 Cergyle ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabella Holly

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 39; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): St Marys Co

(State or country): Md.

10 NAME OF FATHER: Maman Holly

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Rosie Handy

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Isabella Holly

(Address): 1412 Cergyle ave

15 Filed ....., 19.... .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1925, to May 6th, 1926, that I last saw h.... alive on May 5th, 1926, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. 9 mos. 17 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Chas H. Burkert, M. D.

May 9, 1926 (Address) 1100 W Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: May 9 1926

20 UNDERTAKER: Mrs. R.A. Elliott — ADDRESS: 1725 Ashland ave.

Spec.—1-10-21 M&T 1500 Blks.

E 10386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10386

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 5-2 WARD)

2-FULL NAME Willis Johnson

(a) RESIDENCE No. 924 McElderry or McDonogh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Marina —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Baltimore City Hospitals Records

15 MAY 9 - 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29. 1926. to May 6. 1926. that I last saw h~~im~~ alive on May 6. 1926. and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis
Chronic myocarditis ?
(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. 3 hours ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

5/8/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL May 10 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificates.

that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

E 10387

HEALTH DEPARTMENT—CITY OF BALTIMORE

10387.

29 E 10387

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 27-17 WARD)

2-FULL NAME Theresa Norman

(a) RESIDENCE NO. #5 Rueckert Ave Balto. Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Norman

6 DATE OF BIRTH (month, day, and year) May. 14. 1865

7 AGE: Years 60 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Philadelphia (State or country) Penn.

PARENTS

10 NAME OF FATHER Albert Gladen

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Albert Norman (Address) 5 Rueckert Ave.

15 Filed ..... C. HAMPSON JONES, M. D. ..... Registrar.

MAY 9 - 1926

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 26. 1926. to May 6 1926.

that I last saw her alive on May 6 1926.

and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

Cholelithiasis

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Tetanus x

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Apr 26/26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) F. Wm. Sutton M. D.

, 19 (Address) Church Home Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 5/8 19 26

20 UNDERTAKER: D. J. Fleming & Son

ADDRESS: 1938 Eutaw

TION is very important. See instructions on back of certificates.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

RDS should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10388 100-001 E 10388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Calhoun St., 15-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George L. Perkins

(a) RESIDENCE NO. 1717 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 18th 1925

7 AGE: Years: 1 Months: Days: 20 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore City Md

10 NAME OF FATHER: George S. Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louise Hatton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Mrs. Stanley 1717 Calhoun St

Filed: OCT 6 1926 C. HAMPSON JONES, M. D. Registrar

For: P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1st 1926 to May 8th 1926

that I last saw h[illegible] alive on May 7th 1926

and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Claiborne, M. D.

(Address) 724 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Wm. J. H. Dennis & Sons

ADDRESS: 1605 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10389

CERTIFICATE OF DEATH.

129 E 10389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lynch

(a) RESIDENCE No. 560 W Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Lynch

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 57 | Months — | Days — | If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Mack Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Louisa Mayo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Hospital Records

(Address)

Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to May 7, 1926.

that I last saw him alive on May 7, 1926.

and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Chr. Myocarditis

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. O. McGlannan M. D.

5-8-1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Daniel Cortese — ADDRESS: 916 Bank

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10390

CERTIFICATE OF DEATH.

31 **E 10390**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ostina E. Shepard.

(a) RESIDENCE NO. 1023 N Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER A. Shepard

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Hollie Simms

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Frank Records
(Address)

Filed 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 8, 1926,

that I last saw her alive on May 8, 1926,

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. O. McFarlane M. D.

May 9 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Woodlawn May 10 1926

20 UNDERTAKER — ADDRESS

Hamm Easton & Son 916

0 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10391

E 10391

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (or) ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Wright

(a) RESIDENCE NO. 916 Born Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Wright

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed MAY 19 1926 C. HAMPTON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 8, 1926,

that I last saw him alive on May 8, 1926,

and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Mon C Lane, M. D.

5-8-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL May 10/26

20 UNDERTAKER David Easton Baon

ADDRESS 916

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10392

CERTIFICATE OF DEATH.

90 **E 10392**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Preston Apartment

CITY OF BALTIMORE: (No. Preston & Guilford Ave. St. 11-1 WARD)

2-FULL NAME Tunstall Smith

(a) RESIDENCE NO. Preston & Guilford Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~: Josephine M. Smith

6 DATE OF BIRTH (month, day, and year): March 14th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cotton Broker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Virginia

PARENTS

10 NAME OF FATHER: James M. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Virginia

12 MAIDEN NAME OF MOTHER: Cam'l W. Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Virginia

Informant: Mr Tunstall Smith

(Address): Preston Apt Guilford & Preston Sts

Filed JUN 10 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1926, to May 8th, 1926

that I last saw h— alive on May 6, 1926,

and that death occurred, on the date stated above, at 3 50 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Endocarditis

(duration) Years — mos — ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs — mos — ds.

18 Where was disease contracted if not at place of death? — — —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Elmer B Ireland M. D.

5/8, 1926 (Address) 412 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: May 10 1926

20 UNDERTAKER: Henry H Jenkins & Sons Co

ADDRESS: Eden & Mt Holly Sts

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10393 **44E 10393**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 3-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Shorter

(a) RESIDENCE NO. 1529 E. Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
49 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Shorter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals Records
(Address)

Filed MAY 10 1926 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 6, 1926, that I last saw him alive on May 6, 1926, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of esophagus

(duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

5/8/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL May 10 1926

20 UNDERTAKER Jos. J. H. Rochester ADDRESS 143 Hoffman St

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 10394 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10394

CERTIFICATE OF DEATH. 58-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1615 Park Ave. (St.) 14-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Kate J. Wall

(a) RESIDENCE. NO. 1615 Park Ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Daniel Wall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lucinda C. Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Records of Baptist Home

(Address) 1615 Park Ave.

Filed MAY 10 1926, 19 [illegible] HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1925, to May 8, 1926, that I last saw h[er] alive on May 7, 1926, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 1 yrs. 7 mos. [illegible]

CONTRIBUTORY (Secondary)

(duration) yrs. mos. [illegible]

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood picture.

(Signed) A. F. Robinson, M. D.

6-8, 1926 (Address) 836 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL May 10, 1926

20 UNDERTAKER J. C. Mitchell

ADDRESS 120 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10395

CERTIFICATE OF DEATH.

X 46 **E 10395**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women Hospital ST. 14-2 WARD)

2-FULL NAME Mrs Florence Crawford Capper

(a) RESIDENCE NO. Topeka, Kansas ST., ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Capper.

6 DATE OF BIRTH (month, day, and year) July 1 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Topeka, Kansas.
(State or country)

PARENTS

10 NAME OF FATHER Samuel J Crawford.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bedford, Indiana

12 MAIDEN NAME OF MOTHER Isabel Chase

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Maine

14 Informant Senator Arthur Capper
(Address) Washington D.C.

15 Filed ... 19...
Per C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 10, 1926, that I last saw her alive on May 7, 1926, and that death occurred, on the date stated above, at 3.35 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of abdomen.

Point of origin - Ovary??

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) No use

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 1, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Sherman S. Gantt, M. D.

5-10, 1926 (Address) Women Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Topeka Kansas — DATE OF BURIAL: May 10 1926

20 UNDERTAKER John O. Mitchell — ADDRESS 1220 W 10th Topeka Kan

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10396

CERTIFICATE OF DEATH.

129 **E 10396**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Riverside Av. ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles St. Wrightson

(a) RESIDENCE NO. 1032 Riverside Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva D. Wrightson

6 DATE OF BIRTH (month, day, and year) Feb 21 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter's

(b) General nature of Industry, business, or establishment in which employed (or employer) Chesapeake Marine Ry

(c) Name of employer Railway # 2

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Eva D. Wrightson

(Address) 1032 Riverside Ave

Filed ..... 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to May 8, 1926.

that I last saw h in alive on May 8, 1926,

and that death occurred, on the date stated above at 730 a. m.

The CAUSE OF DEATH* was as follows:

Arteris & Clerosis

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs.

(Signed) Sidney H. Streett, M. D.

5/10. 1926 (Address) 445 E York Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL May 11 1926

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

Spec. 1-10-21 M&T 1500 Blks.

E 10397. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 12-29 **E 10397**

1-PLACE OF DEATH St Joseph's Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 72-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry P. Fall

(a) RESIDENCE NO. 212 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	6	14/15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk at Hotel

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs G. L. Reynolds

(Address) 3712 Maine Ave Brooklyn

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 4, 19 26, to May 8, 19 26, that I last saw h[illegible] alive on May 8, 19 26, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis Chr. Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) J. Joseph Toohey, M. D.

19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL May 10 1926

20 UNDERTAKER John H. Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10398 — CERTIFICATE OF DEATH. — REGISTERED NO. E 10398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marley Neck Rd ST., (Baltimore Co WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lemuel S Hubbard

(a) RESIDENCE NO. Marley Neck Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hubbard

6 DATE OF BIRTH (month, day, and year) Oct 10 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Dorchester Co (State or country) Maryland

10 NAME OF FATHER Caleb E Hubbard

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza J Phillips

13 BIRTHPLACE OF MOTHER (city or town) Dorchester Co (State or country) Maryland

Informant Mrs Lillie M Pinkins

(Address) Marley Neck Rd.

C. HAMPSON JONES, M. D. Registrar

FILED MAY 10 1926 By R.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3 1926, to May 7 1926

that I last saw him alive on May 6 1926

and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) William Hurst, M. D.

May 7 1926 (Address) 816 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL May 10 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Cor.—I-12-23—M&T—100 Bkn.

E 10399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10399

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 556 Baker St. (Ward) 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Rhuel E Hicks

(a) RESIDENCE NO. 636 Baker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary G Hicks

6 DATE OF BIRTH (month, day and year): Oct 4th 1886

7 AGE: Years 39 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Produce
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer
(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): St Mary's Co

10 NAME OF FATHER: Eugene Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary's Co Md

12 MAIDEN NAME OF MOTHER: Sarah Jackson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): St Mary's Co

Informant: Mrs Sarah Jackson
(Address) 556 Baker St

Filed ..... 192 ..... Registrar

(CHAMPS/JONES)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

5/9, 1924 (Address) 2902 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: May 11th 1924

20 UNDERTAKER: Emma E Wright — ADDRESS: 634 Kenyon

Spec.—12-9-25—A Co.—200 Eks.

E 10400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65-001 E 10400

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2426 Woodbrook ave St. 13-5 Ward)

2-FULL NAME Asreal Bernard Cotton

(a) RESIDENCE NO. 2426 Woodbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	m	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Cotton

6 DATE OF BIRTH (month, day, and year) May 15-1834

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	91	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Mayor Cotton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Levis

(Address) 1439 E Balt St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1926, to May 9, 1926, that I last saw h.. alive on May 9 1926, and that death occurred, on the date stated above, at 12.24 m.

The CAUSE OF DEATH* was as follows:

Splenomyelogenous Leukemia

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted at home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood examination

(Signed) Joseph Cuckier, M. D.

10/5, 1926 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem Date of Burial 10 1926

20 UNDERTAKER Jack Levis ADDRESS 1439 E Balt St

OCT 7 1926 HARRISON JONES

Spec.—12-9-25—A Co.—200 Bks.

Dr Hommond, 3543 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10401

1-REGISTRATION DISTRICT E 10401

REGISTERED NO.

City of BALTIMORE: (No. 3024 Abell Ave St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen M Miller

(a) RESIDENCE NO. 3024 Abell Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 16, 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Charles R Miller

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elmira M Kemp

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

PARENTS

14 Informant: Elmira M Miller

(Address): 3024 Abell Ave.

MAY 6 1926 HAMPSON JONES

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25 1926, to May 7 1926, that I last saw h alive on May 5 1926, and that death occurred, on the date stated above, at 10 15 a m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Pulmonary (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NW Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R B Hommond M. D.

, 19 (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Date of Burial May 10 1926

20 UNDERTAKER: Wm Cook ADDRESS 532 E Monument

Cor.—12-9-25—A Co.—200 Bks.

E 10402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10402

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2017 N. Washington St. St., 8-1 Ward)

2-FULL NAME John M. O'Brien

(a) RESIDENCE NO. 2017 N. Washington St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma O'Brien

6 DATE OF BIRTH (month, day, and year) Oct 8/1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) O'

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER James O'Brien

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Denmore

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Emma O'Brien

(Address) 2017 N. Washington St

15 Filed _____, 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h*** death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) _____ M. D.

(Coroner)

5/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial May 11 1926

20 UNDERTAKER William Cork ADDRESS 502 E North Ave

Spec. 1-1021—M&T—1500 Bks.

1905 12

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10403

CERTIFICATE OF DEATH.

132 **E 10403**

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 8-4 WARD)

2-FULL NAME Hettie Steinert

(a) RESIDENCE NO. 1207 W Washington St WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Wm Langhurst

11 BIRTHPLACE OF FATHER (city or town) Ger
(State or country)

12 MAIDEN NAME OF MOTHER Annie Pensenstel

13 BIRTHPLACE OF MOTHER (city or town) Ger
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 10 1926 C. HAMPSON JONES
Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1926, to May 8, 1926, that I last saw her alive on May 8, 1926, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:
Chronic Pyelonephritis, Bilateral
Kidney Stones, Large Left.
(duration) about 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Operative Shock & hemorrhage
(duration) yrs. 2 hrs mos.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of May 1, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy, Operative Findings

(Signed) H. C. Gardner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 5/12 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10404

CERTIFICATE OF DEATH.

57 **E 10404**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1522 N. Spring St. 97 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Smith

(a) RESIDENCE NO. 1522 N. Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Smith

6 DATE OF BIRTH (month, day, and year): Apr 3. 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): England

PARENTS

10 NAME OF FATHER: John Nelson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Wilkinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: William Nelson

(Address): 1522 N. Spring St

Filed MAY 10 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1926, to May 6, 1926, that I last saw her alive on May 6, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cirrhosis

(duration) yrs. 7 mos. ds.

Is Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter W Johnston M. D.

5/7, 1926 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: May 10 1926

20 UNDERTAKER: W. M. Cook ADDRESS: 502 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10405

CERTIFICATE OF DEATH. 101-001

E 10405

REGISTERED NO.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) St. 16-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Bonsavage

(a) RESIDENCE No. Woodland Ave. Turner's Station St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 1 ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	47 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Fred Bonsavage

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAY 10 1926 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 8, 1926, that I last saw him alive on May 8, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

5/8/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
RUSSIAN INDEPDET CEM. May	10. 1926
20 UNDERTAKER	ADDRESS
JOHN GREBLIAUCKAS & CO.	423 S Paca St.

FROM IS very important. See instructions on back of certificates. Exact statement of OCCUPA- ...ould be properly classified.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10406 — E 10406

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Potts Land Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace McPhail.

(a) RESIDENCE NO. 2219 Hanaman Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Edward McPhail.

6 DATE OF BIRTH (month, day, and year): 9/19/1888

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	37.	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Edwardes Dauer

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Kattie Wilks.

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Edward McPhail

(Address): 2219 Hanaman Ave

15 Filed ..... 19 ..... Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 7 - 26.

17 I HEREBY CERTIFY, That I attended deceased from May 3 19 26 to May 7, 19 26

that I last saw her alive on May 7, 19 26

and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Uterine Rupture.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) James Th. Mahoney M. D.

19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial 5/10 19 26

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10407.

CERTIFICATE OF DEATH.

E 10407.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 McElderry 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Stanford

(a) RESIDENCE NO. 1409 McElderry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXX

6 DATE OF BIRTH (month, day, and year) Dec 26/1925

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Larry D May

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Ethel Stanford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Ethel Stanford

(Address) 1409 McElderry St

MAY 10 1926

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

(duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Carter, M. D.
(Coroner)

5/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — Date of Burial May 10 1926

20 UNDERTAKER Robert E. Williams — ADDRESS 1515 N. McElderry St

Spec.—1-10-26—M&T—1500 Bks.

1926 E 10408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 10408

REGISTERED NO. 1594

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Toshas

(a) RESIDENCE NO. 268 S. Robinson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4th 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ood

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Pasquale Toshas

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Toshas

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 10 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 1926, to May 8th, 1926, that I last saw h[illegible]live on May 8th, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atresia of esophagus

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? South

Did an operation precede death? Yes Date of May 7th

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Warfield M Theobald, M. D.

, 19 (Address) J H H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May 10th 1926

20 UNDERTAKER: Tully & Zulo ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10409

CERTIFICATE OF DEATH.

76-5 | 101-001

E 10409
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 S. Clinton St. ST., 26 WARD)

2-FULL NAME Apfolonia K. Weindl

(a) RESIDENCE NO. 904 S. Clinton St ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A. Weindl

6 DATE OF BIRTH (month, day, and year) Dec. 8 - 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Herold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis A. Weindl
(Address) 904 S. Clinton St.

Filed MAY 10 1926, 19 C. HAMPSON JONES, M. D.
Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3- 1926. to May 8- 1926.

that I last saw her alive on May 8- 1926

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Physical Examination

(Signed) Caleb R. Athey M. D.

May 10 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	May 11 1926

20 UNDERTAKER	ADDRESS
Lilly & Zeile	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10410

CERTIFICATE OF DEATH.

E 10410

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 Foster Ave ST., 26-5 WARD)

2-FULL NAME John Paulus

(a) RESIDENCE NO. 3327 Foster Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Paulus

6 DATE OF BIRTH (month, day, and year) Nov. 7-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Paulus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ottilia Eichhorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Paulus (Address) 3327 Foster Ave.

15 Filed ....., 19 ..... Registrar

per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to May 8, 1926, that I last saw him alive on May 7, 1926, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas (I. B. Bronushas) M. D.

5-9-26 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	May 12 1926
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

E 10411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10411

100-C

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Inf asyl. ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Frankburger

(a) RESIDENCE NO. St Vincents Inf Asyl. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1925.

7 AGE: Years — Months 6 — Days 13 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Mildred Frelburger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant (Address) Mildred Frelburger St. Vincents Asylum

15 Filed MAY 10 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 8, 1926,

that I last saw him alive on May 8, 1926,

and that death occurred, on the date stated above at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia (Acute congestive type)

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sydenham Hosp

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis Physical exam.

(Signed) Albert Jaffe, M. D.

, 19 (Address) 2028 E Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: May 10 1926

UNDERTAKER: M. J. Flynn ADDRESS: 1422 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 10412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10412

CERTIFICATE OF DEATH.

90

REGISTERED NO. 24-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St Agnes Hospital ST. WARD)

2-FULL NAME Mrs Hexie Small

(a) RESIDENCE NO. 673 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G Small

6 DATE OF BIRTH (month, day, and year) Oct 28 76

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Samuel Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Charles G Small

(Address) 673 W. Franklin

15 Filed MAY 10 1926, 19 — or — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7-1926

17 I HEREBY CERTIFY, That I attended deceased from 5-7, 1926, to 5-7, 1926.

That I last saw her alive on 5-7, 1926,

and that death occurred, on the date stated above, at 4-30 p m.

The CAUSE OF DEATH* was as follows:

Chronic valvula disease - mitral insufficiency

(duration) yrs. (2 mos ?) ds.

CONTRIBUTORY (Secondary) Coronia decompensation

(duration) yrs. mos. (3 ds.?)

18 Where was disease contracted if not at place of death?

Was an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) James S. Ellis, M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL May 10 1926

20 UNDERTAKER W M Roulson

ADDRESS 2238 N Mott.

Spec.—1-10-21—M&T—1500 Blks.

Abrams

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10413

CERTIFICATE OF DEATH.

3/ E 10413

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Mount ST. 15-13 WARD)

2-FULL NAME James Abrams

(a) RESIDENCE NO. 1446 Mount ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of)

6 DATE OF BIRTH (month, day, and year) Apr. 6 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

PARENTS

10 NAME OF FATHER William abrams

11 BIRTHPLACE OF FATHER (city or town) Calvert Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Priscilla Williams

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co (State or country) Md.

14 Informant Agnes Wilmore (Address) 1446 Mount St

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

Per .....

10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 26, 1926, to May 7, 1926,

that I last saw her alive on May 7, 1926,

and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lung

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) 1 yrs. ..... mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. William Fiss, M. D.

5/8, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 11 1926

UNDERTAKER Virginia A. Brooks — ADDRESS 1462 W Cary

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10414 E 10414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. ....

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Homer Price

(a) RESIDENCE NO. Cockeysville, Md St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 20, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	11	19 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) Towson, (State or country) Md.

PARENTS

10 NAME OF FATHER Arthur Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sharkes, Md.

12 MAIDEN NAME OF MOTHER Mary Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Towson, Md.

14 Informant Mother - Mary J. Price (Address) Cockeysville, Md.

15 Filed MAY 10 1926 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1926 to May 9, 1926, that I last saw him alive on May 9, 1926, and that death occurred, on the date stated above, at 5:55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

F. A. Jones Thomas Jr.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) 0

measles (duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical signs and history

(Signed) D. C. Wharton Smith 2nd, M. D.

, 19 (Address) Severn Apts. Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lindsborg, Myerly Lot DATE OF BURIAL May 11, 26

UNDERTAKER W. C. Brooks ADDRESS Sparks Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10415 11-001 **E 10415**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N Belnord Ave ST. 17-3 WARD)

2-FULL NAME James O Spencer

(a) RESIDENCE No. 812 N. Belnord Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Mar 8th 1926

7 AGE — Years: — Months: 2 — Days: 1 — If LESS than 1 day... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James O. Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Brooklyn N.Y.

12 MAIDEN NAME OF MOTHER: Ellen D Haven

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Helen Spencer

(Address): 812 N. Belnord Ave

15 Filed: 1 0 1926 19 .... Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 7 19 26 to May 9 19 26

that I last saw h alive on May 9 19 26

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos ✓ ds.

CONTRIBUTORY (Secondary) Influenza

..... (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. L. Hahn M. D.

May 10 19 26 (Address) 1301 N Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: May 11 19 26

20 UNDERTAKER: Geo M. Fairbourne — ADDRESS: 811 N Wolfe

Spec.—1-10-21—M&T—1500 Bks.

...ions on back of certificates. ...exact statement of OCCUPA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10416 — 188-093 — E 10416

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 25-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph John Goldsborough

(Residence in Baltimore: No. Lakewood Ave near Hollins Ferry Road St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: April 24 1916 (Month) (Day) (Year)

7-AGE: 10 yrs. — mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John T. Goldsborough

11-BIRTHPLACE OF FATHER, (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Nellie R. Redelin

13-BIRTHPLACE OF MOTHER, (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie R. Goldsborough

(Address) Lakewood Ave. Balto

15- MAY 10 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 7th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Struck by Auto driven by Dr. C. L. Nichols - Brain & Shock

(Duration) yrs. mos. ds.

(Signed) Thos B. Watson M. D.

Coroner.

May 7 1926 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: May 10 1926

20-UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Md Ave Westport.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10417

CERTIFICATE OF DEATH.

90 E 10417

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2727 Hugo ave. ST., 9-2 WARD)

2-FULL NAME Marie Neukum

(a) RESIDENCE NO. 2727 Hugo ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Neukum (deceased)

6 DATE OF BIRTH (month, day, and year) Aug 1, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) At home. 037

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER ? Steinmetz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Margaret Steinmetz
(Address) 2727 Hugo ave

15 Filed MAY 10 1926, 19 ... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1926, to May 8, 1926, that I last saw her alive on May 7, 1926, and that death occurred, on the date stated above, at 10 15 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Decompensated)

(duration) ... yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? None.

(Signed) Thos. J. Simms M. D.

5/9. 1926 (Address) 2878 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL May 11 1926

20 UNDERTAKER Henry Hoerth Son — ADDRESS 1201 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-801

E 10418

CERTIFICATE OF DEATH.

E 10418 OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 543 W. Lafayette St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Epps

(a) RESIDENCE NO. 543 W. Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. 26 (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 13, 1924

7 AGE: Years 2 Months Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Lilburn Epps

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Jennie Watkins

13 BIRTHPLACE OF MOTHER (city or town) S C

(State or country)

14 Informant Lilburn Epps.

(Address) 543 W Lafayette St

C. HAMPSON JONES, M. D.

15 Filed 19

Registrar

1 0 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) a yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no history of any other disease

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.

(Coroner)

5/9, 19 26 (Address) 2802 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos., ds. In the State yrs. mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Auburn Cem May 10 1926

20 UNDERTAKER Dennis Easton ADDRESS 916 Park

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10419 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10419**

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2032 Fayette St., 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kalousek

(a) Residence No. 2032 Fayette St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Kalousek

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Bohemia

14- (Informant) Edward Kalousek

(Address) 2032 E Fayette St

15- Filed OCT 10 1926 19.. C. HAMPSON JONES, C. H. Registrar. By KK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 7 1926

17- I HEREBY CERTIFY, That I attended deceased from April 1 1926 to May 8 1926

that I last saw her alive on May 8 1926

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(Duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Rydzewski M.D.

(Address) 807 N Kenwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 11 19.. 26

20-UNDERTAKER, Fred Evans Son — ADDRESS 1916 Eden

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10420

CERTIFICATE OF DEATH.

E 10420

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 843 Washington Blvd St., 21-3 Ward)

2-FULL NAME Margarette C. Leighton

(a) RESIDENCE NO. 843 Washington Blvd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct 1 1925

7 AGE: Years 0 Months 7 Days 7 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Robt O Leighton

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Helen Adams

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Robt Leighton

(Address): 843 Washington Blvd.

Filed MAY 10 1926 HAMPSON JONES, M. D.

By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 23 1926 to May 8 1926, that I last saw h[illegible] alive on May 7 1926, and that death occurred, on the date stated above, at 9-20 A m.

The CAUSE OF DEATH* was as follows:

Bilateral pneumonia (Lobular)

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Anthony J Bruguiere M. D.

, 19 (Address) 37 S. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Date of Burial 5-10 1926

20 UNDERTAKER: Francis Deyman & Sons ADDRESS 1000 S Paca St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10421

E 10421

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2916 Bennett (St.) 17-2 (Ward)

REGISTERED NO. 161-801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bennett

(a) RESIDENCE. No. 2916 Bennett St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Mat M. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E Thompson
(Address) 2916 Bennett

15 Filed ... 19... C. HAMPSON ... Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Edema of Lungs
Exhaustion

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. J. Fillmer, M. D.

5/9, 19... (Address) 1127 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ... 19...

20 UNDERTAKER — ADDRESS

MAY 10 1926

Commissioner of Health

10 1926

Spec.—1-10-21—M&T—1500 Bks.

19262 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10422 Rec'd

E 10422 CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Evans

(a) RESIDENCE No. 111 E Madison St. Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months: 2 mos | Days: 14 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Ward

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER William Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Rachel Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —
(Address)

Filed MAY 10 1926 C. HAMPTON JONES, Registrar

Par PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23 1926 to May 4 1926.

that I last saw him alive on May 4 1926.

and that death occurred, on the date stated above, at 10 A P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10423

CERTIFICATE OF DEATH.

90 E 10423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 McCulloh St. WARD 1)

2-FULL NAME Minnie M. Elsey

(a) RESIDENCE NO. 1424 McCulloh St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Elsey

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 26 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thos. H. Bowdoy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Delora Bowdoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mary E. Bowdoy 1424 McCulloh St.

15 Filed MAY 10 1926 Registrar: THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6th, 1926, to May 8th, 1926, that I last saw h alive on May 8th, 1926, and that death occurred, on the date stated above, at 8.45 A.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) 1 day

CONTRIBUTORY (Secondary) Puerperal Sepsis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Cole, M. D.

(Address) 724 Mad. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dantiocke, Md.

DATE OF BURIAL: 5/11/1926

20 UNDERTAKER: Wm. Geo. H. Holland

ADDRESS: 1631 Druid Hill

Exact statement of OCCUPATION is required. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10424

CERTIFICATE OF DEATH.

E 10424

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 521 S. Durham St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Yohanes

(a) RESIDENCE NO. 521 S. Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: -

6 DATE OF BIRTH (month, day and year): Jan 28-26

7 AGE: Years | Months: 3 | Days: 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: -

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Otto

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Rose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant M. Rose

(Address) 521 S Durham

Filed AY 10 1926 C. HAMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from 5/7, 19 26, to 5-9, 19 26

that I last saw her alive on 5/9, 19 26

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Samuel Adhelm M. D.

, 19 26 (Address) 3325 Paid Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial: May. 19 26

UNDERTAKER: F. W. Ogazewski ADDRESS: 1930 Boston

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10425

CERTIFICATE OF DEATH.

44 E 10425

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No.) 1737 Moreland St., 45-12 Ward)

2-FULL NAME Mollie D. Maggid

(a) RESIDENCE NO 1737 Moreland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mat J. Maggid

6 DATE OF BIRTH (month, day, and year): Feb 1854

7 AGE: Years 72; Months —; Days —; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant August Maggid

(Address) 1737 Moreland Ave

15 Filed ..... 19 ..... Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 10 — 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 19 26, to May 10th, 19 26, that I last saw h.. alive on May 9th, 19 26, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomache

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Rays.

(Signed) Saml Hamburger, M. D.

, 19 (Address) 3735 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Hebrew Washington Blvd 5/10 19 26

20 UNDERTAKER ADDRESS

Jack Lewis 1439 E Baltimore

10 1320 RK

Spec.—1-10-21—M&T—1500 Bks.

10426 HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 10426

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 53 S. Monroe ST. 19-2 WARD)

2-FULL NAME Margaret M Ward.

(a) RESIDENCE NO. 53 S. Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8.	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Thos J. Ward.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. md.

12 MAIDEN NAME OF MOTHER Catherine Gately

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Mrs Catherine Ward
(Address) 53 S Monroe St.

15 FEB 10 1926 19 C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to May 9, 1926,
that I last saw h alive on May 8, 1926,
and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Gangrene

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I [illegible] M. D.

5/10, 1926 (Address) 1724 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral Cem.

DATE OF BURIAL: May 10 1926

20 UNDERTAKER: John F Cowan & Son

ADDRESS: 908 Baltimore St.

Per [illegible]

Exact statement of OCCUPA-
See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10427 **CERTIFICATE OF DEATH.** **E 10427**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp't (ST.) 26-6 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Clarence Akers

(a) RESIDENCE NO. 3606 E. Lombard St. WARD Rock Hall Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Pearl Akers

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
37	38	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rock Hall (State or country) Kent Co.

PARENTS

10 NAME OF FATHER George Akers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co.

12 MAIDEN NAME OF MOTHER Martha Hewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Clarence Akers (Address) 3606 E Lombard St

15 Filed MAY 10 1926, 19 C. HAMPSON JONES, M. D. Registrar Per K.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to May 9, 1926, that I last saw him alive on May 9, 1926 and that death occurred, on the date stated above, at 6:50 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 05 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jno A Thompson M. D.

, 19 (Address) Jno Jewett Hospx.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel Rock Hall. DATE OF BURIAL 5/12 1926

20 UNDERTAKER D. Thos H Casey ADDRESS Rock Hall

Fill in all blanks. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10428

CERTIFICATE OF DEATH.

117 **E 10428**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hos. St. 17-2 Ward)

2-FULL NAME John Morning

(a) RESIDENCE NO. 1036 Argyle Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General 6440

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) New Berne

(State or country) N.C.

PARENTS

10 NAME OF FATHER Wm Morning

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Robeson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Mary Morning

(Address) Brownsville N.C.

15 Date 1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 7, 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day fixed above.

The CAUSE OF DEATH* was as follows:

General peritonitis due to ruptured appendix.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) O. T. Hennon M. D.

5/10/26 (Address) 2702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Berne N.C. Date of Burial 5/11 1926

20 UNDERTAKER Samuel A. Tinsley ADDRESS 1128 Eddie

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10429

CERTIFICATE OF DEATH.

101-001 ✓ **E 10429**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3326 Piedmont Ave. St., 15-5 Ward)

2-FULL NAME Arunah S. Ricketts.

(a) RESIDENCE NO. 3326 Piedmont Ave. St. _____ Ward _____

(Usual place of abode) Lifetime.

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Ricketts

6 DATE OF BIRTH (month, day, and year) December 18th. 1873.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER David Ricketts

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Adela V. Rountree

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto. Md.

14 Informant Anna M. Ricketts

(Address) 3326 Piedmont Ave.

15 1926 C. HAMPSON JONES, M. D.

For 1066 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 8th. 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 3 1926, to May 10, 1926, that I last saw h~~im~~ alive on May 8th, 1926, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) none

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ~~Yes~~ Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms.

(Signed) Wm Peace, M. D.

5-10, 1926 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial May 11, 19 26

20 UNDERTAKER Chas F Tracy & Son ADDRESS 1180 W Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10430

CERTIFICATE OF DEATH.

44

REGISTERED NO.

1-PLACE OF DEATH Esplanade Apts. 5 A.

CITY OF BALTIMORE: (No.) Eutaw Place & Brooks Lane ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Miller

(a) RESIDENCE NO. Esplanade Apts. 5 A. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Miller

6 DATE OF BIRTH (month, day, and year) Dec. 24th. 1842.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country)

PARENTS

10 NAME OF FATHER Henry Pfiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jeannette Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Harry Mayer

(Address) Belvedere Hotel

15 0 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to May 9 1926

that I last saw her alive on May 8 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Myocarditis with pulmonary edema

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald, M. D.

May 10, 1926 (Address) 1013 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL May 11, 1926

20 UNDERTAKER Baird Sondheim

ADDRESS 1520-22 N. Eutaw St. Rear

Spec.—12-9-25—A Co.—200 Bks.

E 10431

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-002 E 10431

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 S. Robinson St. 1-4 Ward)

2-FULL NAME Isabell Weber

(a) RESIDENCE NO. 705 S. Robinson St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry.

6 DATE OF BIRTH (month, day, and year): Feb 3, 1860

7 AGE — Years: 66 — Months: 2 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 37

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): _____

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Weber

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Weber

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany

14 Informant: Mrs. Agnes Jones

(Address) 6065 Edmondson

15 Filed _____, 19 _____ Registrar

C. HAMPSON JONES, M. D.

1926

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 9 1926

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to May 9, 1926, that I last saw her alive on May 8, 1926, and that death occurred, on the date stated above, at 7-30 p. m.

The CAUSE OF DEATH* was as follows:

Paralysis R Side

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) _____ yrs. _____ mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Phy Exam

(Signed) G. C. Shadis, M. D.

, 19 (Address) 1432 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Loudon Park Nov 2 1926

20 UNDERTAKER: H. Cookman ADDRESS 32 E Biddle

Spec.—12-9-25—A Co.—200 Bks.

Dr. Carlson / Dr. Fullerton

101-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10432

CERTIFICATE OF DEATH.

E 10432

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 52 Matthews Road St. Belvedere Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara E. Keck

(a) RESIDENCE NO. Hillsdale Md St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: George W Keck

6 DATE OF BIRTH (month, day, and year): Nov. 5 1859

7 AGE: Years 66 | Months 5 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wilbon Bell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Edgar Keck

(Address): Hillsdale Md

15 [illegible] 19

C. HARRISON JONES M. D.

Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 9 - 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 2 - 19 26, to May 9, 19 26, that I last saw h[illegible] alive on May 8, 19 26, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Coronary Occlusion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Carlson, M. D.

5/10/26 (Address) 74 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Conn. Date of Burial: May 11 19 26

20 UNDERTAKER: W. M. Cook

ADDRESS: 512 E Lanvale

(Reverse side of certificate.)

Spec.—12-9-25—A Co.—200 Bks.

Dr Barr, 1082 Cat Phone

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10433

CERTIFICATE OF DEATH.

1929 **E 10433**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 740 So. Ellwood Ave. St. 1-4 Ward)

2-FULL NAME Mary C Allen

(a) RESIDENCE NO. 740 S. Ellwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George F Allen

6 DATE OF BIRTH (month, day and year): March 28 1851

7 AGE — Years: 75 — Months: 1 — Days: 11 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Kendrick Brooks

11 BIRTHPLACE OF FATHER (city or town): Georgetown, D. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Dennis

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Marie G Campbell

(Address): 1231 Taylor Ave

(PHYSICIAN) M. D.

_____, 19____

0 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926

17

I HEREBY CERTIFY, That I attended deceased from March 15 1926, to May 9 1926, that I last saw her alive on May 9 1926, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

Chron. Inter. Nephritis

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Coma

(duration) ____ yrs. ____ mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Test Nurse, M. D.

5/10/26 (Address) 405 S Bdwy Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial: May 11 1926

20 UNDERTAKER: W. M. Cook

ADDRESS: 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

Dr Strickler. 632 Fairmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10434

CERTIFICATE OF DEATH.

175 E 10434

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3203 Independent St., 9-3 Ward)

2-FULL NAME Margaret A Gearley

(a) RESIDENCE NO. 3203 Independent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gearley

6 DATE OF BIRTH (month, day, and year): Feb 4 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	68	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: Robert Shaw

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

PARENTS

14 Informant: Hiram C Johnson

(Address): 3203 Independent St

15 Filed ....., 19 ..... Registrar

1926 R.H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 5th 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 6th, 1926, to May 8th, 1926, that I last saw h.. alive on May 8th, 1926, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar caused by colds. Contributed to Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H C Strickler M. D.

, 19 (Address) 632 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial: May 11 1926

20 UNDERTAKER: J M Cook ADDRESS: 502 E Monument

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10435

161-001

CERTIFICATE OF DEATH

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 Vine St. St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dalrand, no. 1

(a) Residence No. 1015 Vine St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Col.

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 9 1926

7-AGE. 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 7 hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Percy Dalrand

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Irmington S. C.

12-MAIDEN NAME OF MOTHER, Marie Neubert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Irmington S. C.

14- (Informant) Percy Dalrand

(Address) 1015 Vine St.

15- Filed

16- C. HAMPSON JONES, M. D. Registrar.

0 1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5-7-26

17- I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to May 7, 1926, that I last saw him alive on May 7, 1926, and that death occurred, on the date stated above, at 11:15 a. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity (Premature Birth)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Dr. Wallace A. Adamson, M. D.

5-10, 1926 (Address) 1130 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,

DATE OF BURIAL, ..., 19....

20-UNDERTAKER.

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 10436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10436

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Ashland Ave. WARD) 7-3

2-FULL NAME Ercole Bilancia

(a) RESIDENCE NO. 2432 Ashland Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): 088

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Giuseppe Bilancia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Elenora Petrella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Elenora Bilancia

(Address) 2432 Ashland Ave

D 1926 O. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to May 9, 1926

that I last saw him alive on May 9, 1926

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D'Addario M. D.

May 9, 1926 (Address) 607 A-Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 11 1926

20 UNDERTAKER: Kendall Dipple — ADDRESS: 31 Da

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10437.

E 10437

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Swailes

(a) RESIDENCE NO. 773 Sarah Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Swailes

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 48 yr. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Swailes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Louisa Swailes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Baltimore City Hospitals Records (Address)

15 [illegible] 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 7, 1926, that I last saw him alive on May 7, 1926, and that death occurred, on the date stated above, at 5:10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 1 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Miller, M. D.

5/7/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem. from

DATE OF BURIAL: 10 May 26

20 UNDERTAKER: Leonard W. Wraley

ADDRESS: 308 Myrtle Ave

SUGGESTIONS ON BACK OF CERTIFICATES.

...ATEMENT OF ...COPA-

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10438

E 10438

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Patterson Park ave ST.) (1 WARD)

2-FULL NAME Margaret Christ

(a) RESIDENCE NO. 220 S. Patterson Park ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Christ

6 DATE OF BIRTH (month, day, and year): May 4- 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	-	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Phillip Eiacont

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Doris Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louisa Christ
(Address) 220 S. Patterson Park ave

15 C. HAMPSON JONES, M. D.
Registrar

D 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/12, 1926, to 5/8, 1926, that I last saw h[illegible] alive on 5/8, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Hamit Adler M. D.

(Address) 33 E 80 Eldon ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ebenezer Cem. Chase, Md

DATE OF BURIAL: May 11 1926

20 UNDERTAKER: Zickler & Zickler

ADDRESS: 1739 E. Eager St.

Spec.—1-12-23—M&T—500 Bks.

E 10439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10439

CERTIFICATE OF DEATH

1-PLACE OF DEATH Homewood Hospital 23-2 123 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2724 n. Charles ST. 23 WARD 2)

2-FULL NAME Mrs. Mary Simon

(a) RESIDENCE NO. 1406 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry Simon

6 DATE OF BIRTH (month, day, and year) July 19 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52 yrs.	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Sahlberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Simon (Address) 1406 Patapsco st

Filed 5/9 1926 C. HAMPSON JONES, M. D. Registrar

Per APF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6 1926 to May 9 1926, that I last saw h alive on May 6 1926, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

with Stone

duct Obstruction Thrombosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1406 Patapsco st

Did an operation precede death? Yes Date of Removal May 7 1926

Was there an autopsy? No

What test confirmed diagnosis? Surgeon

(Signed) Paul F Wyatt, M. D.

5/9 1926 (Address) 2724 N Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 12 1926

20 UNDERTAKER E Sahlsman & Son

ADDRESS 39 Hanover st

Spec.—1-12-23—M&T—500 Bks.

E 10440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10440

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 70-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Trautwein

(a) RESIDENCE No. Balti. & Payson ST. S, WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav A. Trautwein

6 DATE OF BIRTH (month, day, and year) March 3, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	2	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Stephens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant German Aged Men & Women Home
(Address) Balti. & Payson Sts.

Filed MAY 10 1926, 19

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 8, 1926, that I last saw her alive on May 8, 1926, and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Harry Redmond, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL May 11 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1053 West Balto. St.

E 10441 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10441

CERTIFICATE OF DEATH.

Registered No. C 199

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry M. Rowe

(Residence in Baltimore: No. Johnny Cake road St. Catonsville yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH, June 10 (Month) (Day) 1860 (Year)

7-AGE. 65 yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Educational Publisher
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, George Rowe

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Meyers

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Hart Rowe

(Address) 200 Wilton Ave Catonsville, Md

15- Filed MAY 10 1926 C. HAMPSON JONES, Registrar.

Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th (Month) (Day) 1926 (Year)

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Supposed to have been struck or fell by a heavy instrument (Duration) yrs. mos. ds.

(Signed) Thos. H. Norton M. D. (Coroner.)

May 9 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. May 12" 26

20-UNDERTAKER. Joseph B Cook ADDRESS 1003 N Bal St

Spec.—1-1621—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10442 E 10442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Joseph Brewer

(a) RESIDENCE NO. Morgantown W Va ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1862

7 AGE: Years 64 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wholesale Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 645

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna —

PARENTS

10 NAME OF FATHER: Amos Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa —

12 MAIDEN NAME OF MOTHER: Anne McConnor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

0 1926 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27th 1926 to May 9th 1926, that I last saw h alive on May 9th 1926, and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis — (B. Coli)
(acute)

(duration) ..... yrs. ..... mos 13 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of May 1st

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Exam

(Signed) Warfield M Jones, M. D.

5/10, 1926 (Address) 1116 H —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgan town W Va — DATE OF BURIAL: 5/10/26

20 UNDERTAKER: Joseph Abrams — ADDRESS: 22 Bay

...ons on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 10443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10443

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 E. Biddle St., 10-2 WARD)

2-FULL NAME Mary A Russell

(a) RESIDENCE NO. 1104 E. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Mar 11, 1851

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
75	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse in Hotel

(b) General nature of Industry, business, or establishment in which employed (or employer) Private families

(c) Name of employer Retired 2 years

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER William Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Marie O'Laughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant James Geraghty
(Address) 1132 Carlton Ave

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar
Per ...

0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to May 9, 1926, that I last saw h-e alive on May 9, 1926 and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Subacute Infective Endocarditis

(duration) yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Cardio Renal

(duration) yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? New York

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

b. 10, 1924 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL May 12 26

20 UNDERTAKER Elmer W. Loeffler — ADDRESS 1425 Eager St

Exact statement of OCCUPA-

Important—See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10444 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10444

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 Gough Street (ST.) 2-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine . Krawczynski

(a) RESIDENCE NO. 1829 Gough Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George. Krawczynski

6 DATE OF BIRTH (month, day, and year) August 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Wawrzyn . Nowacki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. George . Krawczynski Husband

(Address) 1829 Gough Street

15 Filed 5/9/1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1925 to May 7 1926.

that I last saw h[illegible] alive on May 4 1926.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Thos. S. Neer, M. D.

5/9/26 (Address) 408 S Pat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May 11 1926

20 UNDERTAKER: John M. Weber ADDRESS: 1803 Bank St

O 1926

Spec.—1-10-21—M&T—1500 Bks.

E 10445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10445

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Decker Avenue ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander . Krupinski

(a) RESIDENCE NO. 520 S. Decker Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. Krupinski

6 DATE OF BIRTH (month, day, and year) Feb. 8 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	50	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer) Eastern Roll Mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary . Krupinski

(Address) 520 S. Decker Avenue

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 7. 1926 to May 7 . 1926.

that I last saw him alive on May 7 . 1926.

and that death occurred, on the date stated above, at 11 : 20 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy with
Total left paralysis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension - chr. nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John L. Szczerbicki M. D.

. 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. May

DATE OF BURIAL 11 1926

20 UNDERTAKER John M Weber

ADDRESS 1803 Bank St

Note—It is very important that the property classified. Exact statement of OCCUPA- See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10446 Warner Morgan H. 90 E 10446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Intravenous ST. 25-4 WARD)

2-FULL NAME Elizabeth Smith

(a) RESIDENCE NO. Intravenous ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Smith

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Raynor

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Eliz. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Son Gordon Smith

(Address) Intravenous

Filed MAY 11 1926 C. HARRISON JONES, M.D. Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/1926

17 I HEREBY CERTIFY, That I attended deceased from 3/23/1926 to 5/9/1926

that I last saw h[illegible] alive on 5/4/1926

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Hayden M. D.

5/9/1926 (Address) 417 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL May 12 1926

20 UNDERTAKER John N. Toadvine ADDRESS 1027 Hanover

Very important. See instructions on back of certificates. Exact statement of OCCUPATION must be given. Write plainly. Do not use abbreviations. Do not use ditto marks. If any of the above items are unknown, state

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 10447

1-DATE OF DEATH

E 10447

REGISTERED NO.

City of BALTIMORE: (No. 163 N. Potomac St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esterina Francese

(a) RESIDENCE NO. 163 N. Potomac St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20th 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Giuseppe Francese

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Columbo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Giuseppe Francese

(Address) 163 N. Potomac

15 Filed JUN 1 1926 C. HAMPSON JONES, M. D. Registrar

By KK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8 1926 to May 10 1926,

that I last saw h[illegible] alive on May 10 1926,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho. Pneumo

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Antigiani M. D.

, 19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: May 11th 1926

20 UNDERTAKER: Frank V. Pistone — ADDRESS: 1800 E 32nd st

If not buried, cremated or removed within 24 hours, notify Health Department.

Fill out other side and see instructions on back of certificates.

Statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10448 31 **E 10448**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Thomas Ave. ST 154 WARD)

2-FULL NAME James E. Meade

(a) RESIDENCE NO. 1703 Thomas ave ST., ... WARD .

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rich. B. Meade

6 DATE OF BIRTH (month, day, and year) Apr. 7 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Graduate Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) ..... H & H

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Bath md

PARENTS

10 NAME OF FATHER James Meade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath Md

12 MAIDEN NAME OF MOTHER Mary McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. M. A. Meade

(Address) 1703 Thomas Ave

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M. D.

11 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 19 26, to May 9, 19 26

that I last saw h alive on May 8, 19 26

and that death occurred, on the date stated above, at 1.25 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) James E. Meade M.D.

5/10, 19 26 (Address) 1703 Thomas Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL May 12 19 26

20 UNDERTAKER Henry Poole & Son

ADDRESS 1041 Eager

INSTRUCTIONS on back of certificates. Statement of OCCUPA-

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10449

CERTIFICATE OF DEATH.

31 E 10449

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Numsen St. ST 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Roane

(Residence in Baltimore: No. 529 Numsen St. St. 2 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March (Month) 4 (Day), 1886. (Year)

7-AGE: 40 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen'l Housewk.
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Randall Roane.

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Frances Jones.

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Roane

(Address) 529 Numsen St.

15- C. HAMPSON JONES, M. D.

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 10 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 10 1925, to May 10 1926, that I saw her alive on May 9 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Exhaustion

(Duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 8 ds.

(Signed) John L. Staunbury M. D.

May 10 1926 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. [OVER]

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: May 11 1926

20-UNDERTAKER: Dan Easton

ADDRESS 916 Dan

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10450

CERTIFICATE OF DEATH.

90 E 10450

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Brunt ST. 14-1 WARD)

2-FULL NAME Robert Lipscomb

(a) RESIDENCE NO. 1933 Brunt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Lipscomb

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Probably	55 or 56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Lipscomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Clara Lipscomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Florence Lipscomb

(Address) 1933 Brunt St.

Filed MAY 11 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 8, 1926, that I last saw him alive on May 7, 1926 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Sclerosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

5/10 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL May 11/1926

20 UNDERTAKER Daniel Carter ADDRESS 911 Pa Ave

Registrar

Every question must be answered, or the certificate may be improperly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Give full name of husband, wife, father, mother, informant, undertaker, and cemetery. Write plainly with pen and ink.

Spec.—1-10-21—M&T—1500 Blks.

E 10451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10451

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Penrose ave 20-5 WARD)

2-FULL NAME Matilda A Young

(a) RESIDENCE No. 1802 Penrose ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15, 1842

7 AGE — Years: 83 — Months: 6 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll County Md

PARENTS

10 NAME OF FATHER: John Day

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Emily McKnew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: R & L Young
(Address): 204 Rockdale Ave

15 Filed MAY 11 1926 HAMPSON JONES, Registrar
By R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 1926, to 5/7, 1926, that I last saw h[illegible] alive on 5/7, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 6 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary): Myocarditis & Pul. Edema

(duration) 0 yrs. 1 mos.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robt. H. Young, M. D.

, 19 (Address) 700 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 11 1926

20 UNDERTAKER: George J. Smith — ADDRESS: 153 Hollins

Keep this space free for writing. Write plainly with pen and ink. Use no abbreviations except where directed. Every question must be answered, or the certificate will be returned for correction. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10452

CERTIFICATE OF DEATH.

E 10452

REGISTERED NO. 15902

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Patapsco St. Westport St. 25-4 WARD)

2-FULL NAME Charles R. Reaney.

(a) RESIDENCE NO. 122 Patapsco St. Westport St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) February 9, 1926.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William E. Reaney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Madaline A. Dicker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Madaline Reaney. (mother)
(Address) 122 Patapsco St. Westport.

MAY 11 1926 HAMPSON JONES, M. D.

Per R K Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto Reinhardt, M. D. (Coroner.)

May 10, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	May 11 1926
20 UNDERTAKER	ADDRESS
Mrs. Mrs. John H. Weisfel & Son	84 W. Fayette St

M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

453

CERTIFICATE OF DEATH.

188-501 E 10453

OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. Mason St, Masonville. ST. 25-8 WARD)

2-FULL NAME John A. Pachmayr.

a) RESIDENCE NO. 50 Mason St, Masonville. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 38 yrs. 4 mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le.	White.	Married.

arried, w[illegible]d
USBAND of
[illegible]
Isabelle Pachmayr.

December 23, 1887.
E OF BIRTH (month, day, and year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	14	

PATION OF DECEASED
Trade, profession or ular kind of work Conductor, B. & O. R. R. Co.
eneral nature of industry, ess, or establishment in employed (or employer)
ame of employer

073

PLACE (city or town) or country) Baltimore, Md.

ME OF FATHER John M. Pachmayr.

THPLACE OF FATHER (city or town) e or country) Germany.

DEN NAME OF MOTHER Helen Heck.

THPLACE OF MOTHER (city or town) or country) Germany.

ant Isabelle Pachmayr. (wife)
s) 50 Mason St, Masonville.

C. HAMPSON JONES, M. D.
1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the Skull.
Thrown from automobile truck which was struck by B. & O. Engine Accidental Death. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

May 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL May 1926

20 UNDERTAKER George L. Ashwal ADDRESS Frederick Md

Spec.—150-21—M&T—1500 Bks.

1912 58

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10454

CERTIFICATE OF DEATH.

8 4

E 10454

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 27-3 WARD)

2-FULL NAME Cora Bennett

(a) RESIDENCE NO. 4891 Reisterstown Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION OF DECEASED

a) Trade, profession or particular kind of work Housewife

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

BIRTHPLACE (city or town) (State or country) Canada

10 NAME OF FATHER Albert Lambert

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1 1 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22 1926. to May 9th 1926.

that I last saw h[illegible] alive on May 9th 1926,

and that death occurred, on the date stated above, at 3 33 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor. Benign, Cerebellar, Cholesteatoma all of life.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Apr. 27, '26

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) J. C. Hunt M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL May 12 19 26

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 W. Lombard

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10455

CERTIFICATE OF DEATH.

E 10455

Registered No. 19257

1-PLACE OF DEATH

City of BALTIMORE: (No. 1529 Ramsay St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca J. Shipley

(a) Residence No. 1529 Ramsay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wife of Chas. H. Shipley

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at her home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), W. Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W. Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). W. Va

14- (Informant) John A. Shipley

(Address) 529 Ramsay

15- Filed 1 1926 Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 9 1926

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1926 to May 9th 1926

that I last saw her alive on May 8- 1926

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene of foot + leg - Probably

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Leg ulcer

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Nuckols M. D

, 19 (Address) 130 S. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park

DATE OF BURIAL, May 11 1926

20-UNDERTAKER Harry H. Woltz

ADDRESS 1534 W. Lombard

THOMPSON-JONES CO.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10456 — CERTIFICATE OF DEATH. — 125 — **E 10456**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1424 Linden Ave ST. 14-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Francis Mellier

(a) RESIDENCE NO. 1424 Linden Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 54 yrs. 3 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Mellier

6 DATE OF BIRTH (month, day, and year) Feby-1-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker

(b) General nature of industry, business, or establishment in which employed (or employer) Brokerage

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Talbot Co.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry J. Mellier

11 BIRTHPLACE OF FATHER (city or town) Talbot Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Anderson

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co.
(State or country) Maryland.

14 Informant Dr. W. H. Taylor
(Address) 1424 Linden Ave.

15 Filed MAY 11 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased (from Feby 11 1926, to May 9 1926; that I last saw him alive on May 9 1926, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Pancreatitis

(duration) about 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

May 10 1926 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL May 12 1926

20 UNDERTAKER STEWART & KOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Form B very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 10457

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 764 Linnard ave. ~~St.~~ WARD 16-2

2-FULL NAME Gustav Klippel

(a) RESIDENCE. No. 764 Linnard ave ~~St.~~ WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 55 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Klippel

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Arnsdorf, Germ.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Klippel (Address) 764 Linnard ave

15 Filed JUN 1 1926 C. HAMPSON JONES, M. D. Registrar Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to May 8, 1926.

that I last saw him alive on May 8, 1926.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Catarrhal Enteritis

(Infirmities of Age.)

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Improper Food — Defective Hygiene — Possibly

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical symptoms

(Signed) Wm. H. Pannebaker, M. D.

, 19 (Address) 1209 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	May 11 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10458 100 001

E 10458

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Reyna & Dukeland ST. 18-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Phillips

(a) RESIDENCE NO. 855½ W. Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 1853

7 AGE — Years: 72 Months: 10 Days: 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maine

PARENTS

10 NAME OF FATHER: Thos Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Nancy Phillips

(Address) 855½ W Lombard st

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/8 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/7, 1926, to 5/8, 1926, that I last saw her alive on 5/8, 1926, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Auto endiac Intestinal

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 11 1926

20 UNDERTAKER: John F. Fields — ADDRESS: 1200 W Lombard st

File Y 1-1 1926 C. HAMPSON JONES, M. D. Registrar

Per RR

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. PHYSICIANS should state that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10459 K 182 E 10459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead St. Josephs Hospital REGISTERED NO.

City of BALTIMORE: (No. Tarr Cove, Rock Creek St. Md Ward) 9-7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Carlson or Per Karlsson

(a) RESIDENCE NO. Tarr Cove , Rock Creek St. Md A. A. Co Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 4/1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Caretaker

(b) General nature of industry, business, or establishment in which employed (or employer): Farm

(c) Name of employer: Anthony Kraeger

9 BIRTHPLACE (city or town)

(State or country): Sweden

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): "

14 Informant: Anthony Kraeger

(Address): 935 Fell St

15 Filed 19 HAMPSON JONES, M. D., Registrar

11 1926 Pa

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 193 May 10/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidently Drowned in Rock Creek
(Stood up in skiff & capsized)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Patterson M. D.
(Coroner)

5/11/20 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery Date of Burial: May 12 19 26

20 UNDERTAKER: Lilly & Zeich ADDRESS: 4038 Wash Ave

Instructions: Exact statement of OCCUPATION is necessary. See instructions on back of certificate. Exact statement of CAUSE OF DEATH is necessary. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10460

CERTIFICATE OF DEATH.

1729

E 10460

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2516 Hudson St. 13 Ward)

2-FULL NAME Frederick W. Tapking

(a) RESIDENCE NO. 2516 Hudson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~wife of~~ Lena Tapking

6 DATE OF BIRTH (month, day, and year): June 6/66

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	59	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Transfer 45

(b) General nature of industry, business, or establishment in which employed (or employer): Business

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Fred. Tapking

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Lena Tapking

(Address): 2516 Hudson St

15 Filed MAY 1 1926 C. HAMPSON JONES, Registrar

Pct.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8/26

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 8, 1926, that I last saw h[illegible] alive on May 8, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) O. T. Long, M. D.

May 9, 1926 (Address) 721 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial May 11 1926

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Eden St

INSTRUCTIONS ON BACK OF CERTIFICATE. NATURE OF OCCUPATION IS

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10461 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10461

CERTIFICATE OF DEATH.

100-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2424 Stockton St. 15-11 (Ward)

2-FULL NAME Leon Kent

(a) RESIDENCE. No. 2424 Stockton St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1/1/26

7 AGE — Years: — Months: 5 Days: 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Roland Kent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Ruth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Mrs Ruth Kent
(Address) 2424 Stockton st

15 Filed 11 1926 19 C. HAMPSON JONES, Registrar
Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 9, 1926,

that I last saw him alive on May 9, 1926,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Bronchus Pulmonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Mary Linden, M. D.

, 19 (Address) 2421 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 11 1926

20 UNDERTAKER Mrs Geo N. Dennis and F. G. Kelson

ADDRESS 1303 Druid Hill Ave

Fill in very important. See instructions on back of certificates. Exact statement of OCCUPA- should state way in which property classified.

Mar 2262

Spec.—1-10-21—M&T—1500 Bks.

E 10462 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10462

100 001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 W Franklin ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C Harry Weaver

(a) RESIDENCE NO. 667 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E Weaver

6 DATE OF BIRTH (month, day, and year) Jan 24 77

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	3	15	

8 OCCUPATION OF DECEASED 009

(a) Trade, profession or particular kind of work Clerical Work

(b) General nature of Industry, business, or establishment in which employed (or employer) City Hall

(c) Name of employer Balto Md

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jno E Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. Balto

14 Informant Mrs Minnie Weaver

(Address) 667 W Franklin St

Filed MAY 11 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5th, 1926, to May 9th, 1926, that I last saw him alive on May 9th-9 p.m., 1926, and that death occurred, on the date stated above, at 9.15 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia of both Lungs.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Heart & Kidneys Typhoid

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Wilmer Hampton, M. D.

, 19 (Address) SW Cor. Capitol Preston Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 12 1926

20 UNDERTAKER W M Routzon

ADDRESS 2238 N Mont

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10463

CERTIFICATE OF DEATH.

90

E 10463

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jeremiah Garnett

(Residence in Baltimore: No. 2209 Hunter St. St. yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: C

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH: May (Month) 10 (Day), 1874 (Year)

7-AGE: 51 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Jeremiah Garnett

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Garnett

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. A. Elliott

(Address) 1725 Ashland Ave.

15- Filed MAY 11 1926 HAMPSON JONES, M. D. 191

Per ____ Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maynard Disch M. D. (Coroner.)

May 11, 1926 (Address) 532 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, May 11, 1926

20-UNDERTAKER, Mrs. R. A. Elliott

ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10464

CERTIFICATE OF DEATH.

7-39 E 10464

REGISTERED NO.

1-PLACE OF DEATH Women's Hosp. ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME Miss Esther B. Hardy

(a) RESIDENCE NO. 17 Beaumont ave. Catonsville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. E.W. Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elza Regester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Jennie C. Stuart

(Address) 1410-E Belvidere ave

Filed MAY 1 1926 C. HAMPSON JONES, M. D. Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 9, 1926, to May 10, 1926.

that I last saw h[illegible]ative on May 10, 1926.

and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Myoma uteri

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (duration) yrs. mos. 1 hour

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 4-21-26

Was there an autopsy? no

What test confirmed diagnosis? operation. clinical signs.

(Signed) Wm M. Wilson, M. D.

, 19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	5/12, 1926
20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	405 N. Calvert

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATIONS should be given. Name of employer must be properly classified. Exact statement of OCCUPATION may be very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10465 **E 10465**

CERTIFICATE OF DEATH.

117

REGISTERED NO. 16-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital Baltimore Co. ST. WARD)

2-FULL NAME Marie Grace Rinaudo (Rinaudo)

(a) RESIDENCE NO. 1818 Rosedale St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Rinaudo

6 DATE OF BIRTH (month, day, and year) Mar. 13-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 637

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nicholas Tuminello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marie Tuminello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Matthew Rinaudo (Address) 1818 Rosedale St.

15 Filed MAY 11 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10 1926.

17

I HEREBY CERTIFY, That I attended deceased from 5-3 .1926. to 5-10 .1926.

that I last saw h alive on 5-10 .1926,

and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 5-3-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Wagner M. D.

. 19 (Address) N. Balto Gene Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	May 14 1926
20 UNDERTAKER	ADDRESS
Wm J Eichenlaub Sons	N. & Pa.

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. If the deceased was a housewife, so that it may be properly classified. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

E 10466 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10466

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 N. Smallwood St., 16-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude C. Bent

(a) RESIDENCE No. 1623 N. Smallwood St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Bent.

6 DATE OF BIRTH (month, day, and year): Jan. 28, 1879

7 AGE — Years: 47 Months: 3 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D'Hatboro Pa.

PARENTS

10 NAME OF FATHER: Fredk. W. Sunk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hanna Alverton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant: Mrs. Ida Sunk

(Address) 1635 N. Smallwood St

15 Filed 1-7 1926 (19) HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926, to May 9. 1926, that I last saw h[illegible] alive on May 9. 1926, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. D. Lloyd, M. D.

. 19 (Address) 773 Linton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: May 12, 1926

20 UNDERTAKER: Wm. J. Tickner Sons, ADDRESS: North Ave.

THION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec. 1-10 21 M&T 1500 Blks.

E 10467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10467

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) Washington Rd and Calvert St. (or COUNTY) 25-3 WARD)

2-FULL NAME Theodore C. Minty

(a) RESIDENCE No. Washington Rd and Calvert St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
			3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Arthur W Minty

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Wenina Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Arthur C Minty

(Address) Calvert and Washington Rd

Filed MAY 1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 10, 1926.

that I last saw him alive on May 10, 1926.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

atelectasis

(Pulmonum)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Gunter Dill M. D.

5/11 1926 (Address) 4509 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 11 1926
20 UNDERTAKER	ADDRESS
John O Middleton	1201 W Fayette

IMPORTANT—Use only blue or black ink. Write in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10468

CERTIFICATE OF DEATH.

REGISTERED NO. 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore 758 Dolphin St. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Belle Peck

(a) RESIDENCE NO. 758 [redacted] Dolphin ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 55 yrs. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer): 469

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Adw Peck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Almira Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lucy Smith
(Address) 758 Dolphin St

15 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926 to May 8, 1926.

that I last saw her alive on May 8, 1926.

and that death occurred, on the date stated above, at 5-45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. 5 ..... ds.

CONTRIBUTORY (Secondary): Uremic Coma

..... (duration) ..... yrs. ..... mos. 5 ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. L. White, M. D.

, 19 (Address) 1029 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 5/12/1926

20 UNDERTAKER: J. Leon Hall — ADDRESS: 753 Dolphin St

Spec.—1-12-23—M&T—500 Bks.

E 10469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earnest Lamkin

(a) RESIDENCE No. Tobacco Hotel Sparrows Point, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~5~~ 5 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Steel

(c) Name of employer Bethlehem Co.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Benjamin Hankin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Providence Hospital Record (Address)

15 Filed ....., 19 ..... Registrar

1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 5, 1926, that I last saw him alive on May 5, 1926 and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Sparrows Pt.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) John W Gaines M. D.

, 19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester Va.

DATE OF BURIAL May 12 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—4-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10470 **E 10470**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital) (ST. WARD) 25-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. B. Dawson

(a) RESIDENCE NO. *2 Stone House Court, East WARD Brooklyn.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ —

6 DATE OF BIRTH (month, day, and year) Dec 9 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	~~3~~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John L Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary McGleece

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr. Arthur P. Dawson

(Address) Lorraine Park Md.

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 9th 1926.

that I last saw him alive on May 9th, 1926.

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

(a) Uremia Cholecystitis &
Cholelithiasis.

(b) Carcinoma of Gall-Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 5/1/26.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) E. M. Rhodes M. D.

5/9, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL May 12 1926

20 UNDERTAKER John T Denny — ADDRESS 715 E 25 St

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

B 10471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10471

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. North ave ST., 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miriam Dennead McKay

(a) RESIDENCE NO. 922 E. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. McKay

6 DATE OF BIRTH (month, day, and year): June 1 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Hugh Larkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Virginia Clayman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Charles H. McKay

(Address): 922 E. North Ave

Filed MAY 11 1926 C. HAMPSON JONES, M. D. Registrar

Per A. Abbott

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4 1926 to May 10 1926

that I last saw h[illegible] alive on May 10 1926

and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 36 hours yrs. mos ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) 2 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings alone

(Signed) Chas. Arthur Stewart, M. D.

5/10, 1926 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: May 12 1926

20 UNDERTAKER: Zinkler + Zinkler — ADDRESS: 1739 E. Eager

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10472

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N Monroe ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Morris

(a) RESIDENCE. No. 236 N Monroe ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha J. Morris

6 DATE OF BIRTH (month, day, and year) 2-22-66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 009

(b) General nature of industry, business, or establishment in which employed (or employer) Rat exterminator

(c) Name of employer Company

9 BIRTHPLACE (city or town) (State or country) Phila. Pa

PARENTS

10 NAME OF FATHER Theodore Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ruffert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Morris (Address) Wife

15 Filed 1 1926 G. HAMPSON JONES, M. D., Registrar By Rock

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 6th 1926, to May 10 1926,

that I last saw him alive on May 10 1926,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of July 24

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj O McCleary, M. D.

5/10, 1926 (Address) 406 N Payson St

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bellwood, Pa — DATE OF BURIAL May 12 1926

20 UNDERTAKER J. J. Fickus & Sons — ADDRESS N Paca

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. PHYSICIAN should properly classified.

Spec. 10-21—M&T—1500 Rks.

19163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10473 CERTIFICATE OF DEATH. **E 10473**

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... ST. 3-2 WARD)

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dunn

(a) RESIDENCE NO. 219 S Dallas ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13th 24

7 AGE: 2 Years 11 Months 26 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER James Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 1 1926 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7th, 1926, to May 9th, 1926, that I last saw he alive on May 9th, 1926, and that death occurred, on the date stated above, at 2 05 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, with Polio

(duration) yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ... M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury Cem — DATE OF BURIAL 5/12 1926

20 UNDERTAKER Jas. M. Shamer — ADDRESS 1625 E. Madison

Spec—12-23-2!—E.B.P.S.—400 Bks.

E 10474 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10474

CERTIFICATE OF DEATH.

Registered No. 1926-002 12 176

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 A. Guilford Ave St. 176 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Barnett.

(a) Residence No. 1800 A. Guilford Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 6. 1886

7-AGE. 27 yrs. 8 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Steward

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Mutual Chemical Co.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William Pitt Barnett.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Cambridge, Md.

12-MAIDEN NAME OF MOTHER. Ann E. Ford.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore, Md.

14- (Informant) Mrs. A. E. Barnett

(Address) 1800 A. Guilford Ave

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/10/24

17- I HEREBY CERTIFY, That I attended deceased from Sept-14- 1925 to May 10 1924

that I last saw h[illegible] alive on May 10 1924

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

tuberculosis of larynx

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Intestinal Parasites

(Signed) [illegible] M. D.

, 19 (Address) 804 Cathedral St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL. May 12, 1924

20-UNDERTAKER. Mary M. Riddefelt. ADDRESS 1122 N. Eutaw St.

IMPORTANT—The correct NAME and ADDRESS of INFORMANT, and OCCUPATION is very important. Be sure to write plainly. Use ink. Avoid abbreviations. Do not erase or use pencil. Be sure to sign certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10475 **E 10475**

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ..... ST., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Roberts

(a) RESIDENCE NO. 4737 S Broadway ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1844

7 AGE — Years: 82 — Months: ..... — Days: ..... — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Peter Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Baltimore City Hospitals Records (Address)

15 1 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924 to May 9 1926.

that I last saw him alive on May 9. 1926.

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Perinephritic abscess

Bronchopneumonia

(duration) ..... yrs. ..... mos. ? ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) W Lindsay Miller. M. D.

5/11/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 5/11 1926

20 UNDERTAKER: Mrs M Frick

ADDRESS: 2512 Wilkins Av

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10476

CERTIFICATE OF DEATH.

90 **E 10476**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 324 W. Hoffman st. 11-1 Ward)

2-FULL NAME John M. Roble

(a) RESIDENCE NO. 324 W. Hoffman st. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Roble

6 DATE OF BIRTH (month, day, and year): unknown 1862

7 AGE: Years 64 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): V. C.

(State or country)

PARENTS

10 NAME OF FATHER: James Roble

11 BIRTHPLACE OF FATHER (city or town):

(State or country): V. C.

12 MAIDEN NAME OF MOTHER: Celia Thomas

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): V. C.

14 Informant: Hattie Roble

(Address) 324 W. Hoffman st.

C. HAMPSON JONES, M. D.

15 Filed 1 1926 19 Per N.A.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 17 1926, to May 10, 1926

that I last saw h[illegible] alive on May 10, 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

(1) Organic Heart Disease -

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. Garland Thrush M. D.

May 11 1926 (Address) 1334 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kenton V. C. Date of Burial: May 11 1926

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1325 Addison

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001,

E 10477. **CERTIFICATE OF DEATH.** **E 10477**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1900 Eutaw Place St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dwight D. Mallory

(a) RESIDENCE NO. 1900 Eutaw Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Spencer

6 DATE OF BIRTH (month, day, and year): Apr - 1837

7 AGE: Years 89. Months - 1 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Conn

PARENTS

10 NAME OF FATHER: Willard Mallory

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Conn

12 MAIDEN NAME OF MOTHER: Eliz Davidson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Conn

14 Informant: Jessie M. Slagle

(Address): 208 Woodwood Gardens

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) D. T. Hemmeter M. D.

(Coroner)

5/11/ 19 26 (Address) 7602 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial May 17 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1300 W. Fayette St.

IN CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10478

CERTIFICATE OF DEATH.

90 E 10478

2112 Villadel Ave

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 942 Homestead St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Heath

(a) RESIDENCE NO. 942 Homestead St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: Alfred A-

6 DATE OF BIRTH (month, day, and year): January 9 1848

7 AGE — Years: 78 Months: 4 Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER: Emanuel Sanaker

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Esther Chedoate

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant: Robert Taylor

(Address) 942 Homestead

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Per RRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1926 19 to May 10 1926, that I last saw her alive on May 10 1926, and that death occurred, on the date stated above, at 4 40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 4 mos. 19 ds.

CONTRIBUTORY (Secondary) Acute Dyspepsia

(duration) yrs. 4 mos. 19 ds.

18 Where was disease contracted if not at place of death? 942 Homestead St

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E Sanline, M. D.

. 19 (Address) 914 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — Date of Burial: May 12 1926

20 UNDERTAKER: William Cook — ADDRESS: 502½ North

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10479

CERTIFICATE OF DEATH.

31 E 10479

1-PLACE OF DEATH

City of BALTIMORE: (No. 1530 Clarkson St. 232 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace M. Walper.

(a) RESIDENCE NO. 1530 Clarkson St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 26 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 12, 1902.

7 AGE: Years 24. Months 2, Days 26. IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auditing Dept. 006

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Hochschild Kohn Co.

9 BIRTHPLACE (city or town):

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George W. Walper.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary E. Hubbard.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md.

14 Informant: Carrie E. Walper.

(Address): 1530 Clarkson St.

15 1925 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926 to May 10, 1926 that I last saw h. alive on May 9, 1926 and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Moderate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. Campbell, M. D.

May 10, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Date of Burial May 13 1926

20 UNDERTAKER: C. Howard Evans ADDRESS 38 E. Fort Ave

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10480 + 10 E 10480

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. (St.) 11-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank W Young

(a) RESIDENCE NO. Belair, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): unk. 1856

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charlestown, W Va

PARENTS

10 NAME OF FATHER: Thomas Wysong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charlestown, W. Va.

12 MAIDEN NAME OF MOTHER: Penny Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co.

14 Informant: Frank Wysong

(Address): Belair Md

15 Filed MAY 11 1926

C. HAMPSON JONES, M. D. Registrar

Per A.P.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 11, 1926,

that I last saw him alive on May 11, 1926,

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Pleurisy Right side.

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary) Coronary Thrombosis.

(duration) yrs. mos. 24 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. H. Jones, M. D.

, 19 (Address) Maryland Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Spring Md. DATE OF BURIAL: May 14 1926

20 UNDERTAKER: Dean & Foster ADDRESS: Bel Air Md

MAY 11 1926

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10481 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10481

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 132 West (St.) 23 (Ward) 7-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Clay

(a) RESIDENCE. No. 132 west St. 23 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Clay

6 DATE OF BIRTH (month, day, and year) Nov. 16th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Sewer dept

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Christ Janey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mary Clay (Address) 132 W. West St

15 Filed MAY 12 1926 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/1926

17 I HEREBY CERTIFY, That I attended deceased from 4/18/1926 to 5/9/1926 that I last saw h alive on 5/9/1926 and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (duration) about 21 yrs. mos. ds.

CONTRIBUTORY (Secondary) ? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopical

(Signed) Edw Barley, M. D.

5/11/1926 (Address) 1908 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 5/13/26

UNDERTAKER D. Samuel H. Ensley

ADDRESS 1908 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

E 10482 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10482

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 11-1 WARD)

2-FULL NAME Lewis Wright

(a) RESIDENCE NO. 1723 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Wright

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
67 Yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (40)

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Jane —

13 BIRTHPLACE OF MOTHER (city or town) N. C. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... C. HARRISON JONES, Registrar

MAY 12 1926 Dep

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 9, 1926, that I last saw him alive on May 9, 1926, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma head of Pancreas (duration) yrs. 6 (History) mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Fuller, M. D.

5/9, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 5/12 1926

20 UNDERTAKER Samuel H. Lansley

ADDRESS 1178 Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10483

CERTIFICATE OF DEATH.

E 10483

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Balto Druid St. Hospital Ward)

2-FULL NAME Lillian Bangs.

(a) RESIDENCE NO. 722 N Carrollton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Albert Bangs.

6 DATE OF BIRTH (month, day, and year): May 4. 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	40		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER: Wm F. Hughes.

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Frances.

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country)

14 Informant: Albert J. Bangs

(Address) 722 N Carrollton ave

15 Filed: MAY 12 1926 C. HAMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 19 26.

17

I HEREBY CERTIFY, That I attended deceased from April 28 19 26, to May 9, 19 26;

that I last saw h[illegible] alive on May 9, 19 26;

and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary): Angina Pectoris.

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James H. Wilson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem Date of Burial 5-12 1926

UNDERTAKER: Robert Brooks & Son ADDRESS: Calhoun Hollins st.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Theresa Porter)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 10484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 10484

1 PLACE OF DEATH

City of BALTIMORE: (No. City Jail St., 2-1 Ward)

2-FULL NAME Theresa Porter

(a) RESIDENCE NO. 113 S. Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 months Unknown days How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 23 yrs Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED Domestic

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant W. J. Raley M.D.

(Address)

15 MAY 2 1926 HENDERSON JONES Registrar

P

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) .....yrs. .....mos. .....ds.

(Signed) W. J. Raley M. D.

(Coroner)

, 19 (Address) 1699 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Date of Burial 5/12 1926

20 UNDERTAKER J. J. Raley Sons ADDRESS 1318 Eighth

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10485 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 10485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1641 Ellamont St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Thomas J Standing

(a) Residence No... 1641 Ellamont St., Ward...

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Almira V Standing

6-DATE OF BIRTH (month, day and year) June 4, 1854

7-AGE. 81 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer)... Western Cem. 080

(c) Name of employer...

9-BIRTHPLACE (city or town)... (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Standing

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary A Hummell

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14-

(Informant)... Miss Alice M Standing

(Address)... 1641 Ellamont St

Filed AU 2 1926 G. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 10, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 19 26 to May 10 19 26

that I last saw him alive on May 10 19 26

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration)... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Microscopic

(Signed) Herman Hendon, M. D.

, 19 (Address) 750 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	May 13, 1926
20-UNDERTAKER. George J Smith	ADDRESS 1532 Hollins st

Instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Spec.—1-10-21—M&T—1500 Bks.

E 10486 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH. E 10486

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727. N. Exeter ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonino Culotta

(a) RESIDENCE No. 727. N. Exeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single, 1926 May

6 DATE OF BIRTH (month, day, and year) April 27. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		0	10 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Antonino Culotta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Mansella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonino Culotta (Address) 727. N. Exeter St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11/26 19

17 I HEREBY CERTIFY That I attended deceased from May 8 1926 to May 11 1926 that I last saw him alive on May 10/26 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 4 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clement L. Lang M. D.

(Address) May 11/26 625 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent Cemetery

DATE OF BURIAL 5/12 1926

20 UNDERTAKER Geo J Rutt

ADDRESS 1735 Harford

V 12 1926 RK.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10487

CERTIFICATE OF DEATH.

90 E 10487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1738 E. 30th ST., 9-7 WARD)

2-FULL NAME Mrs. Ella Agnes Alban

(a) RESIDENCE NO. 1738 E. 30th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Howard Alban

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) County Mayo Ireland

PARENTS

10 NAME OF FATHER James Mulligan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Mulligan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) George N. Alban 1738 E. 30th St.

Filed MAY 12 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1925, to May 11, 1926, that I last saw her alive on May 11, 1926 and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Pulmonary Oedema

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myo- and Endocarditis Arteriosclerosis & hypertension yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 1738 E. 30th St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical evidence

(Signed) Geo. B. Sylvester, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 5/14 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1785 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10488

CERTIFICATE OF DEATH.

90 ✓ **E 10488**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 Light St. 23-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Turner

(a) RESIDENCE NO. 1518 Light St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Turner

6 DATE OF BIRTH (month, day, and year) June. 10 - 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Nat. Em. Stamp Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John Turner.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz Roberts

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Turner

(Address) 1518 Light.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to May 10, 1926,

that I last saw h[illegible] alive on 5/10, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
& Paralysis

(duration) yrs. 10 mos. 11 ds.

CONTRIBUTORY (Secondary) Recurrent Pneumonia Complete Paralysis with Myocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! no

What test confirmed diagnosis!

(Signed) L. J. Turlington, M. D.

5/10 1926 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial 5/13 1926

20 UNDERTAKER J. Few McCully ADDRESS 130 E Fort

IMPORTANT—Physicians are required by law to fill out every item of information in the CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10489

CERTIFICATE OF DEATH.

E 10489

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1734 E. Eliot St. 8-3 (Ward)

2-FULL NAME Doris Elizabeth Meredith

(a) RESIDENCE NO. 1734 E. Eliot ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 15-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath. Md.

PARENTS

10 NAME OF FATHER Rose Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Mulligan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Alice Meredith

(Address) 1734 E. Eliot St.

Filed MAY 12 1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19..., to May 10, 1926

that I last saw h alive on May 10, 1926

and that deuth occurred, on the date stated above, at 9 a. m

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Sunday (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. T. Riley, M. D.

May 11, 1926 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 5/12/1926

20 UNDERTAKER E. J. Fleming & Son - 1938 E. Lafayette — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10490

CERTIFICATE OF DEATH.

90 E 10490

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 411 S. East Ave. Ward) 26-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria V. Bayliss

(a) RESIDENCE NO. 411 S. East Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: late James H. Bayliss

6 DATE OF BIRTH (month, day, and year): Aug 25/39

7 AGE — Years: 86 | Months: 8 | Days: 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Alexandria Va.

PARENTS

10 NAME OF FATHER James Pyles

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant: Mrs Harry Berg

(Address) 411 S. East Ave

15 Filed MAY 12 1926 16 C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 10/26

17

I HEREBY CERTIFY, That I attended deceased from apr 1 1926, to May 10, 1926,

that I last saw her alive on May 7, 1926,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ~ yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Catherine Meeker, M. D.

5/11, 1926 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial: May 12 1926

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10491

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-001

E 10491

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 402 N. Wolfe St St. 6-1 Ward)

2-FULL NAME James Hagan

(a) RESIDENCE NO. 402 N.Wolfe St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hagan

6 DATE OF BIRTH (month, day, and year) Nov 14/77

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
48	53	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hat Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) New York

PARENTS

10 NAME OF FATHER James Hagan

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) "

14 Informant Elizabeth Hagan

(Address) 402 N Wolfe St

15 Filed_____ 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphiziation

Suicide- Gas Tube disconnected from Heating stove

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Paine M. D.

(Coroner)

5/11/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs.,....mos.,....ds. In the State....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem Date of Burial 4/12 1926

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

APR 12 1926

E. HAMPSON JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

19E 10492 HEALTH DEPARTMENT—CITY OF BALTIMORE 16-002 E 10492

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph May

(a) RESIDENCE NO. St. Vincent-Asylum WARD Balto-Md-

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3 mos.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md-

PARENTS

10 NAME OF FATHER ——

11 BIRTHPLACE OF FATHER (city or town) (State or country) ——

12 MAIDEN NAME OF MOTHER Anna May

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md-

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 12 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 11, 1926, that I last saw him alive on May 11, 1926 and that death occurred, on the date stated above, at 12 20 a.m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) ..... yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Pneumonia, acute broncho-

(duration) ..... yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL May 12 1926

20 UNDERTAKER M. Fahey & Sons — ADDRESS 27 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10493 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10493

CERTIFICATE OF DEATH.

161-05

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 537 Cumberland ST. 14-1 WARD)

2-FULL NAME Ruth Dorothy Slattery

(a) RESIDENCE NO. 537 Cumb. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 10 26

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) 537 Cumb-St

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Arthur Joe Slattery

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mildred Watkins

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mr Mildred Slattery

(Address) 537 Cumberland St.

15 Filed MAY 12 1926 19 C. HAMPSON JONES, M.D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 11, 1926,

that I last saw h[illegible] alive on May 11, 1926,

and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Convulsions 2 hrs prior to

Cerebral Hemorrhage

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Ed Lomax, M. D.

5/11, 1926 (Address) 1605 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL May 12 1926

20 UNDERTAKER M. Fahey & Sons ADDRESS 1927 W North Ave

AUTHOR should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

THIS IS A PERMANENT RECORD.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10494

CERTIFICATE OF DEATH.

E 10494

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2929 Erdman ave St. 8-1 Ward)

2-FULL NAME John Monroe McGuade

(a) RESIDENCE NO. 2929 Erdman Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb 16 1925

7 AGE — Years: 1 — Months: 2 — Days: 25 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: William H. McGuade

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Freda A. Lorenz

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

14 Informant: Wm. McGuade

(Address): 2929 Erdman Ave

15 Filed MAY 12 1926, 19____ Geo. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14 1926 to May 11 1926

that I last saw her alive on May 11 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) ___ yrs. ___ mos. 20 ds.

CONTRIBUTORY (Secondary) Otitis Media Suppt

Mastoiditis (duration) ___ yrs. ___ mos. 10+ ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of May 7th 1926

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) E. H. Douglas, M. D.

, 19 (Address) 617 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: May 12 26

20 UNDERTAKER: Margaret H. Flynn ADDRESS: 1422 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10495 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 10495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals ST. 193 WARD)

2-FULL NAME Griffin Hill

(a) RESIDENCE NO. 500 Druid Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joseph Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Martha Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

MAY 1 7 1926 Filed HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to May 7, 1926, that I last saw h... alive on May 7, 1926, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. Lane Jr M. D.

5-7-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Br-Arlon Cem DATE OF BURIAL May 12. 1926

20 UNDERTAKER Mrs R A Elliott ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10496

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 12-1 WARD)

2-FULL NAME Dorothy Logan

(a) RESIDENCE NO. 423 Merryhanna ST., Lane WARD Baltimore County

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Nicholas Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 7 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10 1926. 19 . to May 10. 1926

that I last saw her alive on May 10 . 1926

and that death occurred, on the date stated above, at 2 25 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Alexander Wolf M. D.

. 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leshny Cemetery	May 10. 26
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Ashland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10497

CERTIFICATE OF DEATH.

44 E 10497

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 Sterling St. 10-2 Ward)

2-FULL NAME Carrie Bethea

(a) RESIDENCE NO. 913 Sterling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. — mos. —ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bethea

6 DATE OF BIRTH (month, day, and year) October — 1888

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
37	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) South

(State or country) Carolina

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Jane Wright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant Louis Bethea

(Address) 913 Sterling St.

15 Filed ..... 19 ..... Registrar

MAY 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

May 10

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 10, 1926, that I last saw h.. alive on May 10, 1926, and that death occurred, on the date stated above, at 8:44 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Geo. S. Allen, M. D.

May 13 1926 (Address) 502 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery Date of Burial May 13 1926

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10498

CERTIFICATE OF DEATH.

E 10498

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Wellington Ave. Ward 13-4) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WILLARD A. NORTON

(Residence in Baltimore: No. 812 Wellington Ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, April 11, 1869. (Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Bank. do

9-BIRTHPLACE, (State or Country), Howard Co

PARENTS.

10-NAME OF FATHER, Amos A. Norton

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Norton

(Address) 812 Wellington Ave.

15-

Filed ..... 191.....

C. HAMPSON JONES, M. D.

Registrar.

MAY 12 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3rd 1926, to May 11 1926, that I saw h alive on May 10 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ernest Dana, M. D.

5-11-, 1926 (Address) 5 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Cem	May 14. 1926.
20-UNDERTAKER	ADDRESS
Walter R. McNamee	4114 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CONFIDENTIAL RECORD

E 10499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 10499 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. 14-1 St., Ward)

2-FULL NAME 437 Bloom St

(Residence in Baltimore: No. Clarence E. Carter St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH: may 10, 1924 (Month) (Day) (Year)

7-AGE: 34 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: chauffeur (b) General nature of industry, business, or establishment in which employed (or employer): 073

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Rev. L. A. Carter

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Martha Gassaway

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clarence Carter

(Address) 437 Bloom St.

Filed MAY 12 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental fall out of window

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner)

May 12 1926 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents). At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL: 5/12/26

20-UNDERTAKER: Samuel A. Busby ADDRESS: Baltimore Md

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10500

CERTIFICATE OF DEATH.

91-002

E 10500

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1301 Linden ave (St.) (Ward) 11-1

2-FULL NAME Lydia M. McDaniel

(a) RESIDENCE No. 1301 Linden Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. McDaniel

6 DATE OF BIRTH (month, day, and year) Sept 13, 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	93	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Wrightson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza A. Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chas R. McDaniel

(Address) 1301 Linden Ave

15 Filed MAY 12 1926 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1926, to May, 1926, that I last saw her alive on May 7, 1926, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Senility

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Cella U. H. Thelchuns M. D.

, 19 (Address) 1010 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Daniel Tadd Co. DATE OF BURIAL: May 12 1926

20 UNDERTAKER, John O. Mitchell ADDRESS 220 W. Fayette St.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 10501 · HEALTH DEPARTMENT OF BALTIMORE · E 10501

CERTIFICATE OF DEATH.

+ 90

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 11 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Herbert

(a) RESIDENCE No. Odenton Md ST., ... WARD .....

(Usual place of abode) ~~Same~~

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Life~~ yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) ~~Married~~ Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jno. L. Herbert.

6 DATE OF BIRTH (month, day, and year) Aug 10, 1846

7 AGE 79 Years 9 Months 2 Days

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Adam Herbert

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Billinger

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant ..... (Address) University Hospital Balto

15 Filed MAY 12 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 12, 1926, that I last saw h alive on May 12, 1926, and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal disease with decompensation

(duration) Dead yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pul. Edema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Wm. Frost M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL May 15 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Balto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Spec—1-1021—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10502

E 10502

CERTIFICATE OF DEATH.

REGISTERED NO. 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 8-3 WARD)

2-FULL NAME Margaret Davis

(a) RESIDENCE No. 1342 N. Washington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1921

7 AGE — Years: — Months: 4 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ditto

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER Urban Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind.

12 MAIDEN NAME OF MOTHER Anna Bessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

14 Informant: Records JOHNS HOPKINS HOSPITAL

(Address)

15 Filed MAY 12 1926

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7th 1926. to May 12th 1926.

that I last saw her alive on May 12th 1926.

and that death occurred, on the date stated above, at 4.40 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1342 N Washington St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lumbar puncture

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 5/14 1926

20 UNDERTAKER: Chas. Leon & Son

ADDRESS: 1 E. Madison

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10503 90 **E 10503**

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

BALTIMORE CITY HOSPITALS

2-FULL NAME Charles Lee

(a) RESIDENCE NO. 2214 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Colored	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
80 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virgina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1925, to May 8, 1926, that I last saw him alive on May 8, 1926, and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lindsay Miller, M. D.

5/8, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

MAY 12 1926

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10504

CERTIFICATE OF DEATH.

31 E 10504

MARGIN RESERVED FOR BINDING

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital St., WARD T.B

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Harris

(a) RESIDENCE NO. 719 N Dallas ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Harris

6 DATE OF BIRTH (month, day, and year): 1905

7 AGE: Years 21 | Months | Days | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

037

9 BIRTHPLACE (city or town) (State or country): Petersburg Va

PARENTS

10 NAME OF FATHER: Wm Barlow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant (Address): Hosp Records

Filed MAY 12 1926 in C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 9, 1926, that I last saw her alive on May 8, 1926, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. D. McFarlane Jr. M. D.

5-9-1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

MAY 12 1926

Spec.—1-10-21—M&T—1500 Bks.

Elly H Knier

E 10505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10505

CERTIFICATE OF DEATH

146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (Ward) 16-7

2-FULL NAME Mrs. Elly H. Knier

(a) RESIDENCE NO. 626 N. Gilmor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

Died May 11 1926

Norton Dist

Coroner's Dist

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Knier

6 DATE OF BIRTH (month, day, and year) Apr 10 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~33~~	34	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Jos. Knier.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Josepine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Earl Knier

(Address) 626 N. Gilmor

MAY 12 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH (month, day, and year) 5-11-1926

I HEREBY CERTIFY, That I attended deceased from 5-8-1926 to 5-11-1926

that I last saw her alive on 5-11-1926

and that death occurred, on the date stated above, at 8½ a m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia (Following Abortion 11½ months)

(duration) yrs mos 16 ds.

CONTRIBUTORY (Secondary) Terminal Hypostatic Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 5-9-26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Francis F. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL May 13 1926

20 UNDERTAKER Wm. Fickus Sons. ADDRESS North & Pa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Wilmin)

E 10506

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 10506

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp WARD) 12-3

2—FULL NAME Juanita Wilmis

(a) RESIDENCE NO. 302 N Calvert St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 30, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Malcomn Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown Pa

12 MAIDEN NAME OF MOTHER Mary Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Malcomn Williams

(Address) 302 N Calvert St

15 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11/26

17 I HEREBY CERTIFY, That I attended deceased from 5-11-26, to 5-11-26,

that I last saw h alive on 5-11-26

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. ! ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. Hampson Jones M. D.

, 19 (Address) 302 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL May 13 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

MAY 12 1926

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 10507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10507

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 E. Fort Ave. St., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi S. Duvall.

(a) RESIDENCE NO. 1638 E. Fort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a If married, widowed, or HUSBAND of Elsie Duvall.

6 DATE OF BIRTH (month, day, and year) January 23, 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Inspector.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Duvall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Louise Lowman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Joseph L. Duvall. (Son)

(Address) 1638 E. Fort Ave.

15 Filed MAY 12 1926, 192 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental illuminating gas poisoning

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Steinhardt (Coroner), M. D.

May 12, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF BURIAL May 14 1926

20 UNDERTAKER Wm. Cook ADDRESS 612 E. Fayette

G.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 10508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10508

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4400 Garrison Blvd St. 27-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Heer

(a) RESIDENCE No. 4400 Garrison Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha L. Heer

6 DATE OF BIRTH (month, day, and year): Aug 17-1853

7 AGE — Years: 72 — Months: 8 — Days: 25 — If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President of Heer-Schofield Co

(b) General nature of industry, business, or establishment in which employed (or employer): Silver Smith

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Heer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia E. Bachmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertha L. Heer

(Address) 4400 Garrison Blvd

15 Filed MAY 12 1926 G. HAMPSON JONES, M. D. Registrar

By MH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25 1926 to May 12 1926

that I last saw h[illegible] alive on May 11 1926

and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Myocarditis.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism Sudden

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Edward Gabb, M. D.

(Address) 7731 Eastwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Mrs. Mrs. John H. Penfield Son — ADDRESS: 811 W. Fayette

MAY 12 1926

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Fleury)

E 10509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10509

CERTIFICATE OF DEATH.

24-001

Registered No.

1-PLACE OF DEATH

City of BALTIMORE (No.) 1124 Hanlicoke St. (Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick J. Fleury

(a) Residence No. 1124 Hanlicoke St. Ward 21

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-CONDITION Single (Write Yes or No.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 2, 1876

7-AGE 49 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) odd

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Chas J Fleury

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Utz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14- (Informant) Chas Fleury

(Address) 1153 W Lexington St

15- Filed MAY 12 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/11/26

I HEREBY CERTIFY, That I attended deceased from May 1 1926 to May 11 1926

that I last saw him alive on May 10 1926

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 72

Apoplexy 1

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm G Schwemm M.D.

(Address) 11 Newton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cemetery — DATE OF BURIAL 5/13/26

20-UNDERTAKER Geo Leinbach & Son — ADDRESS 687 W Pratt St

MAY 12 1926

WARNING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10510 E 10510

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 6-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Frietag

(a) RESIDENCE No. 2104 Mura Street ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	W

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	35?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Huckster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md.

15 Filed MAY 12 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 10, 1926, that I last saw him alive on May 10, 1926, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

Acute Alcoholic Delirium

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Henry Feldmann M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL May 14 1926

20 UNDERTAKER Geo M. Frietag Son ADDRESS 811 N Wolfe

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10511 E 10511

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

City of BALTIMORE: (No. 34 Hooper Ave St. Mt Washington Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred E. Talbott

(a) RESIDENCE NO. 34 Hooper Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb. 22-1926

7 AGE — Years: — Months: 2 Days: 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particuinr kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Maurice B. Talbott

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ida E. Fare

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Maurice B. Talbott

(Address): 34 Hooper Ave.

15 Filed: C. HAMPSON JONES, M. D. Registrar

Per: R K B

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12- 19 26.

17 I HEREBY CERTIFY, That I attended deceased from April, 19 26, to May 12, 19 26

that I last saw h— alive on May 12 19 26,

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. 1 mos. ds.

18 Where was disease contracted Same

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Wm F Kelly, M. D.

5/12/26 (Address) 4 Somerset Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant View Cem Balto Co Date of Burial: May 13 1926

20 UNDERTAKER: Horace H. Burgee ADDRESS: 324 Walbrook

MAY 12 1926

NOTICE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item on this form should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10512 — CERTIFICATE OF DEATH. — E 10512

101-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9 Latrobe Ave ST., 27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sidney Lincoln Matthews

(a) RESIDENCE NO. 9 Latrobe Ave ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year): March 12 1865

7 AGE — Years: 61 — Months: 2 — Days: 0 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md

PARENTS

10 NAME OF FATHER: William Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Martha Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant (Address): Mrs. Maynie Ayers 9 Latrobe Ave

15 Filed MAY 12 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per R P H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 12, 1926, that I last saw her alive on May 11, 1926, and that death occurred, on the date stated above, at 9 Latrobe Ave.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Willard J Todd M. D.

, 19 (Address) 1111 Park Ave Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: May 15 1926

UNDERTAKER: Horace H. Burgee — ADDRESS: 620 Falls Rd.

Spec.—1-10-21—M&T—1500 Bks.

E 10513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10513

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (E.B.) (Ward) 17-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Turner

(a) RESIDENCE No. 565 W. Preston st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE — Years: 52 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Rolf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records

(Address)

15 Filed MAY 13 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 5 19 26 to May 10 19 26

that I last saw him alive on May 10 19 26

and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. McLane M.D.

5-11 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: May 13 1926

UNDERTAKER: D. Daniel Easton ADDRESS: 916 Pa Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10514 — CERTIFICATE OF DEATH. — 101-001 E 10514

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E Lee ST. 72-2 WARD)

2-FULL NAME Exie Jones

(a) RESIDENCE NO. 21 E Lee ST., ____ WARD ____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col-	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) — — 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coop - 21
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Steam Packet Co.

9 BIRTHPLACE (city or town) (State or country) Texas -

PARENTS
10 NAME OF FATHER unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mildred Marshall
(Address) 21 E Lee St

15 Filed MAY 13 1926, 19 C. HAMPSON JONES, Registrar
P. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/8, 1926, to 5/12, 1926, that I last saw living on 5/12, 1926, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? ____
(Signed) Dan Francken, M. D.
5/13, 19 26 (Address) 122 E Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Loudon Park — May 13/1926

UNDERTAKER Dan Easton — ADDRESS 916 Bo Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 10515
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 10515
REGISTERED NO.

City of BALTIMORE: (No. 1342 Carroll St. 71-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Butler

(a) RESIDENCE NO. 1342 Carroll St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Butler

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
59	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country)

14 Informant Katie Jones

(Address) 122 N. Bayard St.

Filed MAY 13 1926 C. HAMPTON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12/26 19

17 I HEREBY CERTIFY, That I attended deceased from January, 19 26 to April 27, 19 26

that I last saw h alive on April 12, 19 26

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Richard Dorsey, M. D.

, 19 (Address) 222 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial May 13 1926

20 UNDERTAKER Jane Easton ADDRESS Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10516

CERTIFICATE OF DEATH.

90 **E 10516**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bond

(a) RESIDENCE NO. 91[illegible] W. Lexington ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
18yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charlie Bond

11 BIRTHPLACE OF FATHER (city or town) ... Md.
(State or country)

12 MAIDEN NAME OF MOTHER Bertha French

13 BIRTHPLACE OF MOTHER (city or town) ... Md.
(State or country)

14 Informant ... Baltimore City Hospital
(Address)

15 Filed MAY 13 1926 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to May 12, 1926, that I last saw her alive on May 12, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis
Rheumatic Myocarditis (duration) 1 yrs. (History) mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. 1½ (History) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? clinical & autopsy

(Signed) W. Lindsay Miller, M. D.

5/12/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 13/26

20 UNDERTAKER Daniel Carson

ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10517

CERTIFICATE OF DEATH.

31 E 10517

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 17-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Easley

(a) RESIDENCE NO. 617 Hunsan st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Easley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ella Good

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed MAY 13 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 10, 1926, that I last saw him alive on May 10, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm McLane Jr M. D.

5-13-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Auburn Cem May 13/926

20 UNDERTAKER — ADDRESS

Daniel Carson Payne 916

Spec.—1-1043—M&T—1500 Bks.

E 10518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 10518

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. Stanley Schultheis 12-K WARD)

2-FULL NAME Stanley Schultheis —

(a) RESIDENCE No. 2932 Bernard St. ST. Balto. WARD Md —
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4/11 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	5 Mths	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) fnd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Anthony Schultheis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Florence Hirst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 13 1926 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3 1926 to May 11 1926 that I last saw him alive on May 11 1926 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Pemphigus

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) A. W. Jacobson M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL 5/13 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

LK

W.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10519

CERTIFICATE OF DEATH.

E 10519

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 N. Broadway St. 6-1 Ward)

2-FULL NAME Louis Weissman

(a) RESIDENCE NO. 406 N. Broadway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Weissman

6 DATE OF BIRTH (month, day, and year) September 14 - 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	64	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 10

(b) General nature of industry, business, or establishment in which employed (or employer) ? 10

(c) Name of employer ?

9 BIRTHPLACE (city or town) Nissan

(State or country) Russia.

PARENTS

10 NAME OF FATHER Joseph Weissman

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Jennie ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Russia.

14 Informant Fannie Weissman

(Address) 406 N. Broadway

Filed MAY 13 1926 C. HAMPSON JONES, M. D., Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 - 1926

17

I HEREBY CERTIFY, That I attended deceased from April 20- 1926 to May 13- 1926, that I last saw him alive on May 12 - 1926, and that death occurred, on the date stated above, at 12:20 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs

(Signed) Chester Piland, M. D.

5-13-1926 (Address) 2532 Edmondson Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale. Date of Burial May 13 1926.

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St.

ER.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 10520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 10520

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Clinton St. ST., 26-5 WARD)

2-FULL NAME Anita Smith

(a) RESIDENCE NO. 718 S. Clinton St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 29 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		8	12 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph G. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Leonard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Joseph G. Smith

(Address) 718 S. Clinton St.

15 MAY 13 1926 Filed ....., 19 C. HAMPSON JONES, Registrar

Per R.K.

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 10, 19 26, to May 11, 19 26,

that I last saw h alive on May 10, 19 26,

and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

Gastro-Enteric Intoxication

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer M. D.

May 11, 19 26 (Address) 452 E 3 Bros

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL May 13 19 26

20 UNDERTAKER Lilly & Julius ADDRESS 403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10521

CERTIFICATE OF DEATH.

61-00!

E 10521

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2813 Woodbourne St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rubland Clifford Boyer Jr

(a) Residence No. 2813 Woodbourne St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) May 12. 1926

7-AGE. .....yrs. .....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Rubland Clifford Boyer Frederick C.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Glenna M. Smith

13-BIRTHPLACE OF MOTHER (city or town) Boyce, (State or Country), Md

14- (Informant) Rubland C. Boyer

(Address) 2813 Woodbourne

15- Filed ..... 192.....

C. HAMPSON JONES, M. D.

Per ..... a Registrar

MAY 13 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 13-1926

17- I HEREBY CERTIFY, That I attended deceased from May 12 1926 to May 13 1926

that I last saw him alive on May 12 1926

and that death occurred, on the date stated above, at 8.9. m.

The CAUSE OF DEATH* was as follows: Premature Birth. (about 8 months child)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Imperfect development

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell M. D.

, 19 (Address) Wyboo or McCausland Bldg

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	May 13, 1926
20-UNDERTAKER.	ADDRESS
Harry H. Amass & Son	4304 Ridgewood Ave

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 10522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

GOE 10522

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 226 N. Vincent St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Boston

(Residence in Baltimore: No. 226 N. Vincent St St. 45 yrs. 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: March 30 (Month) (Day) 1881 (Year)

7-AGE: 45 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 07

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Thos. Boston

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary C. Braddock

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B. Couch

(Address) 812 N. Stricker St.

15- MAY 13 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. B. Horton M. D. (Coroner)

May 11 1926 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Bald Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn DATE OF BURIAL: May 13 1926

20-UNDERTAKER: Wm. H. Grace & Son ADDRESS: 1400 Fulton

2.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 10523

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-001 E 10523

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3101 Abell Ave ST. 12-4 WARD)

2-FULL NAME Annie Spence

(Residence in Baltimore: No. 3101 Abell Ave St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If write the word): Single

6-DATE OF BIRTH: April 23rd (Month) (Day), 1865 (Year)

7-AGE: 61 yrs. — mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 0 0

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Joseph Spence

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Elizabeth Wheeler

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Robt. E. Cooper

(Address) 3101 Abell Ave

15-

Filed MAY 13 1926, 191 G. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 11 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1923, 191, to May 11 1926, that I saw h[illegible] alive on May 11, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Ulcer of the stomach

(Duration) 1 yrs. 1 mos. ds

Contributory (SECONDARY) same

(Duration) same yrs. mos. ds.

(Signed) H. G. Prentiss M. D.

, 191 (Address) 634 Gramercy Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: 5/15, 1926

20-UNDERTAKER: Chas. H. Traut & Son | ADDRESS: 1181 North Gay St

Spec.—1-10-21—M&T—1500 Bks.

E 10524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10524

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 894 W Lombard ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalie Rote

(a) RESIDENCE No. 894 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jacob Unipe

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Davidson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant John R Rote
(Address) 894 W Lombard St

15 Filed MAY 13 1926 H. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to May 11, 1926,

that I last saw her alive on May 10, 1926,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows: Senile Nephritis

(Duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Oliver Murray, M. D.

May 13, 1926 (Address) 1517 Edmondson Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL May 15 1926

20 UNDERTAKER George J Smith — ADDRESS 153 Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

10525

HEALTH DEPARTMENT—CITY OF BALTIMORE

10525

CERTIFICATE OF DEATH.

100-001

REGISTERED NO

(If death occurred in a hospital or institution give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 920 Leadenhall St. 23 Ward)

2-FULL NAME Carroll McClain

(a) RESIDENCE. No. 920 Leadenhall St. 23 WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 26 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Thos. McClain

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Dora Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Dora Waters

(Address) 920 Leadenhall

15 Filed MAY 13 1926 . 19 . J. HAMPSON JONES, M. D. Registrar

Per RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from 5/5/ 19 26, to 5/11/ 19 26.

that I last saw him alive on 5/11/ 19 26.

and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

about (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

about (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno Boxley, M. D.

5/12/ 19 26 (Address) 908 Stanley Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 5/13 19 26

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Barber.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10526

CERTIFICATE OF DEATH.

× 31 E 10526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 76-7 Ward)

2-FULL NAME Emmett Barber

(a) RESIDENCE NO. Dallas Tennessee St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 15 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Sngl.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Tennessee

9 BIRTHPLACE (city or town)

(State or country) Tennessee

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Baltimore City Hospital

(Address)

15 Filed ..... 19.. C. HAMPSON JONES, M. D.

Registrar

MAY 13 1926 P.M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Hemorrhages

(duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) James H. Hinton M. D.

(Coroner)

5-13-1926 (Address) 7001 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., 1/2 ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

following the Race

Former or usual residence Dallas Tenn

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gallatin Tennessee

Date of Burial 5/13 1926

20 UNDERTAKER Mr Mrs N & Funk

ADDRESS 2512 Hamilton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10527

CERTIFICATE OF DEATH.

21 E 10527

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Barclay St. 10-1 Ward)

2-FULL NAME James J. Tuohy

(a) RESIDENCE NO. 1113 Barclay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Tuohy

6 DATE OF BIRTH (month, day, and year): Dec. 19 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt. of Life Ins. Co.

(b) General nature of industry, business, or establishment in which employed (or employer): Peoples of

(c) Name of employer: Wash D.C.

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Tuohy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nora Busick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Annie E. Tuohy

(Address): 1113 Barclay St.

Date Rec'd MAY 13 1926

C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-10-26 19

17 I HEREBY CERTIFY, That I attended deceased from 5-4 19 26, to 5/10 19 26, that I last saw h. alive on 5-10 19 26, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Erysipelas

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General symptoms

(Signed) D. and Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial 5/14 1926

20 UNDERTAKER: D. J. Moran & Ballo

ADDRESS 300

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10528 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10528

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore city hospitals ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles McCauley

(a) RESIDENCE NO. 921 madison ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine McCauley

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs or ... min.
58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O.K.

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Hugh McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Rollings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed MAY 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 12, 1926, that I last saw h[illegible] alive on May 12, 1926, and that death occurred, on the date stated above, at 6.30 p a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. McCormick, M. D.

5-13, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Ave. Cemetery Dru

DATE OF BURIAL May 15 1926

20 UNDERTAKER Ralph Bonner

ADDRESS W. Pratt

Spec.—12-9-25—A Co.—200 Bks.

84 Bethel
4854 Park Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-006

E 10529 PLACE OF DEATH — REGISTERED NO. E 10529

City of BALTIMORE: (No. 5418 Park Heights 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry H. Wagner

(a) RESIDENCE NO. 5418 Park Heights St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 15th 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Henry Wagner

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina McKenney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Sadie E. Jones

(Address): 5418 Park Heights

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926 to May 10, 1926,

that I last saw h.. alive on May 10, 1926,

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Rhind D. Seibert M. D.

(Address) 4854 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial: May 13th 1926

20 UNDERTAKER: J. B. Hagerich ADDRESS: 1850 N. Bolton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HAMPSON JONES

MAY 13 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10530 ✓ E 10530

CERTIFICATE OF DEATH.

51 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 E Madison St. (Ward) 1

2-FULL NAME Josephine Lindsey

(a) RESIDENCE NO. 1609 E Madison St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (~~Husband~~ or) WIFE of John Lindsey

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va (State or country)

PARENTS

10 NAME OF FATHER Wm J. Davenport

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Mary (unknown)

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant John Lindsey Husband (Address) 1609 E Madison St

15 Filed MAY 13 1926 Registrar

C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926. to May 11, 1926.

that I last saw h[e]r alive on May 10, 1926

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Pericarditis & Effusion

(duration) 3 wks ds.

CONTRIBUTORY (Secondary) Rheumatic fever (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Kelly M. D.

, 19 (Address) 1 E Monument

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cemetery — DATE OF BURIAL May 14 26

20 UNDERTAKER Robert T Hillis — ADDRESS 1515 McElderry St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10531 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10531**

CERTIFICATE OF DEATH.

REGISTERED NO. 9 9 Hamilton

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Oakland Ave St. Glenmore Ave WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Lentz

(a) RESIDENCE No. 8 Oakland Ave St. Glenmore Ave (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Lentz

6 DATE OF BIRTH (month, day, and year) Dec 21 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glenroch Pa

PARENTS

10 NAME OF FATHER George Rohbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME Mary Rohbough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mr Samuel Lentz (Address) 8 Oakland ave

15 Filed MAY 13 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1926, to May 12, 1926, that I last saw her alive on May 12, 1926, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. W. Shook, M. D.

(Address) 806 W Fulton ave May 13-26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gork Pa — DATE OF BURIAL May 14 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lydia

NOTE.—WRITE PLAINLY, WITH CARBON PAPER. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10532 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 10532

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 Battery Ave ST. 24-1 WARD)

2-FULL NAME Margaret A. E. Eaton

(a) RESIDENCE NO. 1115 Battery ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Eaton

6 DATE OF BIRTH (month, day, and year) Feb 24-1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Greenwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Maryann Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Addie Pruitt

(Address) 1115 Battery ave

Filed MAY 13 1926 Registrar

C. HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1924, to May 10 - 1926, that I last saw h[illegible] alive on May 10 - 1926 and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D.

5/12/1926 (Address) 301 East Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL May 14 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Cor.—1-12-26—M&T—100 Blks.

E 10533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 182 E 10533

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Munsen Pier Curtis Bay. ST. 25-11 WARD)

2-FULL NAME Heinrich Gussen.

(a) RESIDENCE NO. Hamburg, Germany. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman, 086
(b) General nature of industry, business, or establishment in which employed (or employer) S/S Peter Crowell.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamburg, Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report, S.D.
(Address)

15 Filed MAY 13 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a scafold while painting side of ship.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

May 11, 1926 (Address) 1077 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery DATE OF BURIAL May 13 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Eighth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10534

CERTIFICATE OF DEATH.

31 **E 10534**

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) H-7 WARD)

2-FULL NAME Mabel Kane

(a) RESIDENCE No. 811 Fulton Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Kane

6 DATE OF BIRTH (month, day, and year) 1894 Mar 13

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	32	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James J. Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Booth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed MAY 13 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to May 12, 1926, that I last saw her alive on May 12, 1926, and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis and laryngitis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) P. M. Stack, M. D.

5-12-26 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Park Hall Sic Millstone Mkt - Balto

DATE OF BURIAL May 15 1926

20 UNDERTAKER John F. Dennis

ADDRESS 715 Light St

INFORMATION TO BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10535

CERTIFICATE OF DEATH.

90 E 10535

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Hamilton Ave S. 27-12 WARD)

2-FULL NAME Ella Sarah Maria Julian

(a) RESIDENCE No. 7 E. Hamilton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27th, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer Self

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Thomas D. Julian

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Spencer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York

14 Informant Miss Ida Julian
(Address) 7 E. Hamilton Ave

15 Filed MAY 13 1926, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 11, 1926, that I last saw h~~er~~ alive on May 11, 1926, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) 2 yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green M. D.

5/12 1926 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Whitestone, Lancaster Co. Va.

DATE OF BURIAL: May 14th, 26

20 UNDERTAKER

ADDRESS

INFORMATION FURNISHED ON THIS CERTIFICATE OF DEATH IS CONFIDENTIAL. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Raynvald Tauberg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10536 E 10536

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Raynvald Tauberg

(a) RESIDENCE NO. Eyserken-Allen ST., ... WARD —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69 yrs.	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Rhonda B. Tauberg

(Address) Baltimore JOHNS HOPKINS HOSPITAL

15 Filed MAR 13 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1926 to May 13 1926

that I last saw him alive on May 13 1926

and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Osler Norway

Did an operation precede death? yes Date of April 20-26

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Robert Norman M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park & Cremation DATE OF BURIAL May 15 26

20 UNDERTAKER John Oltsfield ADDRESS 1201 W. Fayette St.

N. B. WRITE PLAINLY, WITH CRAYON OR PEN. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10537

CERTIFICATE OF DEATH.

15 E 10537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 703 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Henrietta Weinel

(a) RESIDENCE NO. 3018 McElderry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Weinel

6 DATE OF BIRTH (month, day, and year) July 10-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	48	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gustave Hagen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ada Yeaters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gottlieb Weinel

(Address) 3018 E. McElderry St

15 Filed MAY 13 1926 J. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926. to May 12, 1926.

that I last saw h er alive on May 12, 1926,

and that death occurred, on the date stated above, at 7:55 A. m.

The CAUSE OF DEATH* was as follows:

Carbuncle upper lip

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/6/26

Was there an autopsy?

What test confirmed diagnosis? Blood Culture

(Signed) Hubert S. Porterfield, M. D.

5/12, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: May 16 1926

20 UNDERTAKER: John C. Miller — ADDRESS: 3019 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10538 E 10538

CERTIFICATE OF DEATH.

66

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH in the rear of

CITY OF BALTIMORE: (No. 106 W. Conway St. ST. 22-1 WARD)

2-FULL NAME Joseph Dungee(C)

(a) RESIDENCE NO. 314 S. Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Widower.

5a If ~~MARRIED~~, widowed, or ~~DIVORCED~~ WIFE or HUSBAND of ~~XXXXXXXXX~~ Irene Dungee.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary Scott.(C)
(Address) 314 S. Sharp St.

15 Filed MAY 13 1926 192 C. HAMPSON JONES, M. D. Registrar
By MK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

May 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Nation should be correctly supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10539 66 E 10539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 17-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Love

(a) RESIDENCE NO. 1033 Greenmillar ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 27 yr. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ?

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to May 7, 1926.

that I last saw her alive on May 7, 1926.

and that death occurred, on the date stated above, at 9:45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory + clinical

(Signed) Dr Lindsay Miller. M. D.

5/8, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ..... DATE OF BURIAL 19

20 UNDERTAKER: ? ADDRESS .....

C. HAMPSON JONES, M. D. UNIVERSITY OF MARYLAND

MAY 13 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

E 10540

CERTIFICATE OF DEATH.

E 10540

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1300 Homewood Ave St., 9-7 Ward)

2-FULL NAME Ernst Deichman or Deutschman

(a) RESIDENCE NO. 1300 Homewood Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) No report

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Police Records

(Address)

Filed ..... 19 ..... RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Apr 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation-Probably accidental-Side bracket gas jet on. He had been intoxicated for a week. (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (duration) ...yrs. ...mos. ...ds.

(Signed) John Callan M. D.
(Coroner)

5/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
20 UNDERTAKER	ADDRESS

MAY 3 1926

3 1926

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Deliberato)

E 10541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10541

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Exeter ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Deliberato

(a) RESIDENCE NO. 305 S. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Deliberato

6 DATE OF BIRTH (month, day, and year) Mar. 27 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Daniel Deliberato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Mrs. Florence Deliberato 305 S. Exeter St.

15 Filed MAY 13 1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8 - 1926 to May 12 - 1926.

that I last saw him alive on May 12 - 1926.

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis, acute parenchymatous

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia, lobar -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis Microscopic examination

(Signed) H. W. Pinto, M. D.

May 13, 1926 (Address) 1300 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL May 15 1926

20 UNDERTAKER Wendell Dryden ADDRESS 37 S. [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

William Bearman

E 10542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10542

1-PLACE OF DEATH Baltimore City Hospitals, 26-7 155 REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bearman,

(a) RESIDENCE NO. Bay View Asylum. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male,	white,	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Records
(Address) Baltimore City Hospitals.

15 MAY 31 1926 C. HAMPSON JONES, M. D.
Registrar
Per MRP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-11-26. 19

17 I HEREBY CERTIFY, That I attended deceased from 3-4-26. , 19 , to 5-11-26. , 19 ,
that I last saw h... alive on 5-11-26. , 19 ,
and that death occurred, on the date stated above, at 10:30P m.

The CAUSE OF DEATH* was as follows:

Polycythemia Vera.
Osteomyelitis, Metatarsal, right foot. 2 mos.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Yes Date of 3-10-26
Was there an autopsy? No.
What test confirmed diag... Microsc. and Lab.

(Signed) H. C. Hampson, M. D.
, 19 (Address) Baltimore City Hosps. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5/14. 1926

20 UNDERTAKER H. C. Branning Son

ADDRESS 617 N Schroeder St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10543

CERTIFICATE OF DEATH.

178

E 10543

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Eleanor Gaffney

(a) RESIDENCE NO. 709 E. Preston St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX

6 DATE OF BIRTH (month, day, and year) Feb 6/1915

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	2 3	17 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas J.Gaffney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eleanor Leonard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Harry Gaffney (Uncle)

(Address) 1131 Valley St

15 Filed C. HAMPSON JONES, M. D. Registrar

MAY 13 1926

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 May 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd Degree burns over almost entire body-trapped on second floor of residence which was on fire

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. M. Weiss M. D.

(Coroner)

5/13/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial May 14 1926

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Granite Ave

(1) This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 10544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10544

60-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. ..... ST. 2-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mytkowa Metka

(a) RESIDENCE NO. 2013 East Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
49	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Tomas . Blaszczuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Sophia. Kotlarczyk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Maciej. Metka
(Address) 2013 E. Pratt Street

15 MAY 13 1926 C. HAMPSON JONES, M. D. Registrar
Per ASH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5 .1926. to May 12 .1926.

that I last saw h w alive on May 12 .1926.

and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Toxic Goitre.

Ch Myocarditis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation.

(duration) yrs. 2 mos.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? yes Date of 5/11/26.

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Monroe, M. D.

.19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	May 15 1926

20 UNDERTAKER John McWeber ADDRESS 1803 Bank

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... uld st... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10545

CERTIFICATE OF DEATH.

90

E 10545

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1035 Hillman St. 10-2 Ward)

2-FULL NAME Mary E. Haine.

(a) RESIDENCE NO. 1035 Hillman St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Haine

6 DATE OF BIRTH (month, day, and year): — — 1877

7 AGE: Years 49 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patk. Kelly

11 BIRTHPLACE OF FATHER (city or town):

(State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant: Miss M. C. Haine

(Address) 1035 Hillman St.

Filed 1 31 1926 C. HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/13/26

17 I HEREBY CERTIFY, That I attended deceased from 5/1, 1926, to 5/13, 1926.

that I last saw h.. alive on 5/13, 1926.

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

Cachexia (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Wood M. D.

5/13, 1926 (Address) 914 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Medical Dept. Date of Burial 5/17 1926

20 UNDERTAKER: John F. Fahey & Sons ADDRESS 1318 Eight

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10546

CERTIFICATE OF DEATH.

X 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6021 Belona ave 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Cage

(a) RESIDENCE NO. 6021 Belona ave ST., WARD Abingdon Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Sept. 22-1840

7 AGE 85 Years | Months 7 Months | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Invalid

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer — —

9 BIRTHPLACE (city or town) Baltimore Co (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Turner

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary J Turner

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Henson Thomas E. Cage

(Address) 620 Calaprese Ave

Filed 3 1926, 19 C. HAMPSON JONES, M. D.

Per MKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17

I HEREBY CERTIFY, That I attended deceased from 1923 January 5th, to May 13, 1926.

that I last saw h[illegible] alive on May 12, 1926.

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Senility due to Inanition of age Cerebral Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage of Brain

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas J Emmas, M. D.

, 19 (Address) 1015 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abingdon Md Cemetery

DATE OF BURIAL May 22 1926

20 UNDERTAKER Howard K McLean

ADDRESS Abingdon

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Y 1

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10547

CERTIFICATE OF DEATH.

90 E 10547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ridge & Crest Rds. ST., Worthington 27-4 WARD)

2-FULL NAME Catherine Dodge Wandell

(a) RESIDENCE No. Ridge & Crest Rds ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lewis S. Wandell

6 DATE OF BIRTH (month, day, and year): July 4 1841

7 AGE: Years 84 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Newburg N.Y. New York

PARENTS

10 NAME OF FATHER: Richard T. Wandell

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Mary Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs. Lewis S. Wandell

(Address): Ridge & Crest Rds.

15 FILED MAY 14 1926 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to May 13, 1926, that I last saw her alive on 13 May, 1926, and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Tests & observation

(Signed) Horace W. Byers, M. D.

, 19 (Address) 744 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Montrose New York — DATE OF BURIAL: May 14 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North Ave

E 10548 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 10548

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 924 Mc Culloughs 11-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T. Holland

(Residence in Baltimore: No. 924 Mc Culloughs St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Jan 10 (Month) (Day), 1892 (Year)

7-AGE, 34 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Holland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriett Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizetta Tantino

(Address) 810 Calhoun st.

15-

Filed MAY 14 1926, 191.. C. HAMPSON JONES, M. D.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Ac. Gastro Enterit is 3 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer 6 years

(Duration) yrs. mos. ds.

(Signed) C. T. Tennery M. D. (Coroner.)

May 13, 1926 (Address) 2802 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lamel Cemetery DATE OF BURIAL, May 14 1926

20-UNDERTAKER Mrs. Ida Snowden ADDRESS 748 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10549

129 E 10549

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 North Monroe Street St. 16-4 Ward)

2-FULL NAME Michael Cavanaugh

(a) RESIDENCE NO. 906 North Monroe Street St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Julia Cavanaugh

6 DATE OF BIRTH (month, day, and year) Unknown 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlett-Hayward Co.

9 BIRTHPLACE (city or town) _____

(State or country) Ireland

PARENTS

10 NAME OF FATHER Cavanaugh

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ireland

14 Informant Edward J. Cavanaugh

(Address) 906 North Monroe Street

15 Filed May 13 19 26 Registrar L.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925, to May 12, 1926, that I last saw him alive on May 12, 1926, and that death occurred, on the date stated above, at 8.25 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ___ yrs. 11 mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Microscopical findings

(Signed) Edwin C. Merrick, M. D.

(Address) 1520 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

Date of Burial May 15, 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1093 W. Balto. St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 14 1926

Spec.—1-12-23—M&T—500 Bks.

E 10550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10550

CERTIFICATE OF DEATH.

109-82

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Green St. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace E Smith

(a) RESIDENCE NO. 1117 S. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of William C. Smith

6 DATE OF BIRTH (month, day, and year) May 17, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna (State or country)

PARENTS

10 NAME OF FATHER Edward W Ellis

11 BIRTHPLACE OF FATHER (city or town) Penna (State or country)

12 MAIDEN NAME OF MOTHER Florence Barnett

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant William C. Smith

(Address) 1117 S. Carey St.

15 Filed MAY 14 1926, C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-12-1926

17

I HEREBY CERTIFY, That I attended deceased from 5-10-, 1926, to 5-12, 1926.

that I last saw h e alive on 5-12, 1926.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Uremia with oedema Pulmonary (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical signs & Lab. tests

(Signed) Era F. Dodge, M. D.

5-12, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL May 15 1926

20 UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 10551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10551

REGISTERED No. 3/

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE! (No. Baltimore City Hospitals (Path.) ST., No. 1 WARD)

2-FULL NAME George C. H. Dill (Dill)

(a) RESIDENCE No. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Dill

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 940

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Conrad Dill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address) Baltimore City Hosp.

Filed MAY 14 1926 Registrar HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926, to May 12, 1926, that I last saw h. in alive on May 12, 1926, and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Mitral insufficiency

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. McLane M. D.

5-12, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL May 14, 26

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St

BEFORE SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10552

CERTIFICATE OF DEATH.

51 ✓

E 10552
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1809 E. Fayette St., 26-1 Ward)

2-FULL NAME Harry Kramer

(a) RESIDENCE NO. 1809 E Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Kramer

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE — Years: 58 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Russia

PARENTS

10 NAME OF FATHER: Zanelyn Kramer

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Russia

12 MAIDEN NAME OF MOTHER: Hana Kotler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Russia

14 Informant
(Address): Jack Levi 1439 E Balto St

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MAY 14 1926 per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 - 26

17 I HEREBY CERTIFY, That I attended deceased from March 26 to May 13 19 26, that I last saw h— alive on May 13 19 26, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) A Rice, M. D.

May 13 1926 (Address) 24 E Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Date of Burial 5/14/26

20 UNDERTAKER: Jack Levi ADDRESS 1439 E Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10553

CERTIFICATE OF DEATH.

E 10553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 8-3 WARD)

2-FULL NAME Mrs Josephine Schiro

(a) RESIDENCE NO. 1307 N. Luzerne St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvadore Schiro

6 DATE OF BIRTH (month, day, and year): April 15 1879

7 AGE: Years 47 Months Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Italy

14 Informant (Address) Mr Salvadore Schiro 1307 N Luzerne St

15 Filed MAY 14 1926 19 Per C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-7 1926, to 5-12 1926,

that I last saw h alive on 5-12 1926,

and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach

(duration) yrs. 4½ mos (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Theron Hunter, M. D.

5/12 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: May 15 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1730 Harford Ave

Blanks should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10554 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10554

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital 16-1 100-081

CITY OF BALTIMORE: (No. 2905 Hulsdoff St., WARD)

2-FULL NAME Anna Hulshoff.

(a) RESIDENCE NO. 2905 Winchester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 2/12/1861

7 AGE ~~Years~~ | Months | Days | If LESS than 1 day, hrs. or min.

65 | 3 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House 070

(b) General nature of industry, business, or establishment in which employed (or employer): Keeper.

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John G Hulshoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Lizette Bach.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: John Hulshoff. (Address) 2905 Winchester st.

15 Filed MAY 14 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/12 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1926. to May 12 1926.

that I last saw her alive on May 12, 1926.

and that death occurred, on the date stated above, at 5.5 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Following Hysterectomy for Fibroids)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/12/26.

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) Clement R. Monod M. D.

, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: May 17 1926

20 UNDERTAKER: George J Ruth ADDRESS 1735 Hartford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10555

CERTIFICATE OF DEATH.

101 E 10555

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (ST.) 6-4 (WARD)

2-FULL NAME Trafficka Trapani

(a) RESIDENCE NO. 1200 N. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 23rd 1924

7 AGE: Years 2 Months 2 Days 20

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Nicolas Trapani

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ruth Schramm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Nicolas Trapani

(Address) 1200 N. Chester St.

15 Filed MAY 14 1926 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 21st, 1926, to May 13th 1926.

that I last saw her alive on May 13th 1926.

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Unresolved Pneumonia Empyema, right —

(duration) yrs. mos. 32 ds.

CONTRIBUTORY (Secondary): Chr. Myocarditis —

(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown —

Did an operation precede death? yes Date of 5/5/26 —

Was there an autopsy? Not.

What test confirmed diagnosis? X-ray, Operation & Clinical

(Signed) Finis E. Bibb, Rodgers M. D.

5/13 1926 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: May 15 19

20 UNDERTAKER: Geo. F. Ruth

ADDRESS: 1730 Hoffman St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10556

CERTIFICATE OF DEATH.

37 E 10556

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. May 12th ST., 10-K WARD)

2-FULL NAME Baby Albert Mooney

(a) RESIDENCE NO. 1101 Filcon St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): June 9, 1925

7 AGE: Years — Months 11 Days 3 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Richard A Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Richard A Mooney (Address) 1101 Filcon St

15 Filed MAY 14 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-12-1926

17

I HEREBY CERTIFY, That I attended deceased from May 5th, 1926, to May 12th, 1926,

that I last saw him alive on May 12th, 1926,

and that death occurred, on the date stated above, at 10 35 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary): Pneumonia-Broncho

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Histology & Clinical Findings

(Signed) J. Theron Hibler, M. D.

5/12, 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 14th 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 10557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 10557

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Wilkens Ave ST. 14-7 WARD)

2-FULL NAME William Shaw

(a) RESIDENCE NO. 1830 Wilkens Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Shaw

6 DATE OF BIRTH (month, day, and year): July 5 1875

7 AGE: Years 50 51 | Months 10 | Days | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machinist 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bell's

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Hugh Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (City or ...) (State or country): Balto

14 Informant: Blanch E Shaw

(Address) 1830 Wilkins Ave

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

PER RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 11, 1926, that I last saw h.. alive on May 11, 1926, and that death occurred, on the date stated above, at 5 30P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Months

CONTRIBUTORY (Secondary) Pulmonary Edema X

Senile Degeneration (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) Robert A Ryan, M. D.

5/14/26 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 5-14-1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Baltimore Maryland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10558 E 10558

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 5205 Linden Heights Ave St., 7-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James William Garner

(a) RESIDENCE NO. 5205 Linden Heights Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura F. Ways

6 DATE OF BIRTH (month, day, and year) Aug 10-1862

7 AGE: Years 63 | Months 9 | Days 2 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motor-man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railways Co

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER George Garner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Catherine Dove

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Laura F. Garner

(Address) 5205 Linden Heights Ave

Filed 19 C. HAMPSON JONES, M. D.

MAY 14 1926 Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 26 1924, to May 12, 1926, that I last saw him alive on May 12, 1926, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Uraemia Poison

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 3 mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edna Wheeler, M. D.

5/13, 1926 (Address) 2129 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: May 15 1926

20 UNDERTAKER: Harry W. Ehlen ADDRESS 1944 W North Ave

Do not write in this space. Cause should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10559

CERTIFICATE OF DEATH.

17 E 10559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Druid Hill Ave., ST. 111 WARD)

2-FULL NAME Joseph Taylor Porter

(a) RESIDENCE NO. 1342 Druid Hill Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Phoebe Porter

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mercant

(b) General nature of industry, business, or establishment in which employed (or employer): Ofc

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Savannah Ga

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Phoebe Porter

(Address) 1342 Druid Hill Ave

Filed MAY 14 1926 HAMPSON JONES, M. D.

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926 to May 11, 1926.

that I last saw him alive on May 11, 1926,

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) Don't know yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

May 13, 1926 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Burial 5/14/26

UNDERTAKER: Samuel J. Hensley & Bro.

ADDRESS 578

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10560

CERTIFICATE OF DEATH.

90 E 10560

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 473 E. Fort St. 24-2 WARD)

2-FULL NAME Thomas Leo. Noon

(a) RESIDENCE NO. 473 E. Fort ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Noon.

6 DATE OF BIRTH (month, day, and year) Dec. 7, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Ship yds.

(c) Name of employer Balto Dry Docks.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Michael Noon

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Cunningham

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Elizabeth Noon (Address) 473 E Fort Ave

15 Filed MAY 14 1926 Registered

THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 13, 1926, that I last saw him alive on May 12, 1926, and that death occurred, on the date stated above, at 4. a.m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. 3. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Urine.

(Signed) Thos La Stevens, M. D.

5/13/26 (Address) 3878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 5/15/1926

20 UNDERTAKER E. J. Fanning 1404 - 1406

ADDRESS Gettysburg Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10561

CERTIFICATE OF DEATH.

74 E 10561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 Morley Ave ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Ludwig

(a) RESIDENCE NO. 3310 Morley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 14 1903

7 AGE — Years: 23 — Months: — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coppersmith.

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cuba.

PARENTS

10 NAME OF FATHER: Carl Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary.

12 MAIDEN NAME OF MOTHER: Amelia Thomas.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary.

14 Informant: Lucien Ludwig

(Address): 3310 Morley Ave

15 Filed MAY 14 1926. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 12, 1926, that I last saw h[illegible] alive on May 12, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Purpura Hemorrhagica with Cerebral Hemorrhage

(duration) yrs. mos 40 ds.

CONTRIBUTORY (Secondary) defective about teeth

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Thos Carty, M. D.

May 13 1926 (Address) 817 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: May 15, 1926.

20 UNDERTAKER: Chas. W. Dill. — ADDRESS 3109 Fredk Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10562 HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 10562

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Gorsuch Ave ST., 9-3 WARD)

2-FULL NAME Charles P. McComas

(a) RESIDENCE NO. 705 Gorsuch Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret McComas

6 DATE OF BIRTH (month, day, and year) Feb. 19 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	84	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falls Md

PARENTS

10 NAME OF FATHER Charles McComas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Miss Noble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Annie E. McComas

(Address) 705 Gorsuch Ave

Filed MAY 14 1926 C. HAMPSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1926, to May 13, 1926,

that I last saw h~~e~~ alive on May 12, 1926,

and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. G. Saunders, M. D.

, 19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL May 15 1926

20 UNDERTAKER Henry Worth Son — ADDRESS 1501 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10563

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Eichodale Ave ST. 27-12 WARD)

2-FULL NAME Michael F. Burke

(a) RESIDENCE No. 10 E Eichodale Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E. Burke

6 DATE OF BIRTH (month, day, and year) June 6 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Francis Burke

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Margaret O'Shaunessy

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. Mary E. Burke

(Address) 10 E Eichodale Ave

15 Filed MAY 14 1926 19 C. HAMPSON JONES, M. D. Registrar

By ..... Clerk PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to May 13, 1926, that I last saw h[illegible] alive on May 12, 1926, and that death occurred, on the date stated above, at 7:25 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E Jones M. D.

5/13/26 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	May 15 1926
20 UNDERTAKER	ADDRESS
Deveney Funeral Home	1301 E Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Helen Langmead

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10564

CERTIFICATE OF DEATH.

46 E 10564

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1431 E. Preston ST. 10-V WARD)

2-FULL NAME Hellen Langmead

(a) RESIDENCE NO. 1431 E. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S., if of foreign birth? 52 yrs. — mes. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Alfred E Langmead.

6 DATE OF BIRTH (month, day, and year) March 17 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Kean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Helen Stolatown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Wm. Alfred E. Langmead

(Address) 1431 E Preston St

15 Filed MAY 14 1926, 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 14, 1926, that I last saw her alive on May 13, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) S. Lee Magness M. D.

5, 14, 1926 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: May 17 1926

20 UNDERTAKER: Henry Hosch & Son — ADDRESS: 101 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10565

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Francis St., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gardner

(a) RESIDENCE No. 2418 Francis ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Gardner

6 DATE OF BIRTH (month, day, and year) Oct 29, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1885	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John L. Lams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sallie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wm Gardner

(Address) 2418 Frances st

15 Filed MAY 14 1926, 19

C. HAMPSON JONES, M. D. Registrar

R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to May 14, 1926, that I last saw her alive on May 13, 1926, and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH* was as follows:

Stomach Poisoning

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lumbago

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Edw. F. Wheatley, M. D.

May 14 1926 (Address) 1220 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gloucester Va.

DATE OF BURIAL May 15 1926

20 UNDERTAKER Wyse-Geo. H. Holland

ADDRESS 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 14 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10566 — CERTIFICATE OF DEATH. — 11-08 — E 10566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3528 Pool St., 13-3 WARD)

2-FULL NAME Amanda Murry

(a) RESIDENCE NO. 3528 Pool St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: N

6 DATE OF BIRTH (month, day, and year): March 16 1848

7 AGE — Years: 78 — Months: 1 — Days: 27 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edgar Murry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elizabeth Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jane Ward (Address) 3528 Pool St

15 Filed MAY 14 1926 — C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1926 to May 13th 1926.

that I last saw her alive on May 10th 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) T. A. Fillichi, M.D.

(Address) 1127 UNION AVE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys — DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Thompson & Chenowith — ADDRESS: 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

1837 E 10567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 Ped E 10567

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... (D)

2-FULL NAME John Williams

(a) RESIDENCE NO. 1875 Granby St ST., City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 5 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Dec 7. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5 Mos.	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Ignis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

May 14 1926 19 C. HAMPSON JONES Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11 1926 to May 13 1926

that I last saw him alive on May 13 1926

and that death occurred, on the date stated above, at 4 15 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alexander J Schaffer M. D.

19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery

DATE OF BURIAL May 14 1926

20 UNDERTAKER Mrs R A Elliott

ADDRESS 1725 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY

Spec.—1-10-21—M&T—1500 Bks.

1926 10568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 17-8 117 E 10568

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., D WARD)

2-FULL NAME Fred W Schmuck

(a) RESIDENCE NO. 531 N Fremont St WARD Balto. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 11, 1897

7 AGE: Years 28 yrs. Months 8 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Fred. Schmuck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary Carney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —

(Address) Johns Hopkins Hospital

15 Filed MAY 14 1926 C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8 1926, to May 13 1926, that I last saw him alive on May 13 1926, and that death occurred, on the date stated above, at 8 ± a. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix — Peritonitis & Shock

— 5 hrs rupture

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (a)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 8

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL MAY 16 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 3700 EDMONDSON AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10569

CERTIFICATE OF DEATH.

31 E 10569

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 351 N. Belair Road ST., Raspeburg WARD 26

2-FULL NAME Barbara Steyer

(a) RESIDENCE No. 351 N. Belair Road ST., Raspeburg WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Steyer

6 DATE OF BIRTH (month, day, and year): April 16th 1886

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria Hungary

PARENTS

10 NAME OF FATHER: John Kreba

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria Hungary

12 MAIDEN NAME OF MOTHER: Anna Lauterbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria-Hungary

14 Informant: Peter Steyer

(Address) 351 N. Belair Raspeburg

15 Filed 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 13, 1926, that I last saw h alive on May 13, 1926, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Toxaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith M. D.

(Address) 4 W Hoffman 5/13/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	May 16 1926
20 UNDERTAKER: Frank Leasner & Sons	ADDRESS: Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10570 E 10570

CERTIFICATE OF DEATH.

100-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS 21-3 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hall

(a) RESIDENCE NO. 575 Wyoth ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): ? unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 65 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: John P. Hall
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.
12 MAIDEN NAME OF MOTHER: Amanda —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant (Address): Baltimore City Hospitals Records

15 C. HAMPSON JONES, M. D. Registrar

1 4 1926 Per MH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to May 12, 1926, that I last saw her alive on May 12, 1926, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) R. Lindsay Miller M. D.

(Address) Baltimore City Hospitals 5/13/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 17 1926

20 UNDERTAKER: W. W. Cook — ADDRESS: 50 E. Wyoth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10571

E 10571

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (If TB Hosp.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Weber

(a) RESIDENCE NO. 1829 E. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE: Years 20; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John C. Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cary Bartlett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hosp. Records

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/4, 1926, to 5/13 1926, that I last saw him alive on 5/13, 1926, and that death occurred, on the date stated above, at 1 1P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. M. Stock, M. D.

5/14, 1926 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md. DATE OF BURIAL: May 16 1926

20 UNDERTAKER: Lowe Cook ADDRESS: 502 E. North

14 1926

Wife Mrs. Dora Williamboat C/o Carrie Dukes

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10572

CERTIFICATE OF DEATH.

24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 8-2 WARD)

2-FULL NAME William Rowley

(a) RESIDENCE NO. 1401 N Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11, 1925

7 AGE: Years | Months: 5 | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William A Rowley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Blanche Groves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Wm A Rowley 1401 N. Washington Ave

15 Filed MAY 14 1926, 19 HARRISON JOHNSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5th, 1926, to May 13th, 1926, that I last saw h[illegible] alive on May 13th, 1926, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis

(duration) yrs. mos 10 ds

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Puncture culture & autopsy findings

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10573

CERTIFICATE OF DEATH. 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Mt Holly St.) 15-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Eilers

(a) RESIDENCE. No. 2121 Mt Holly ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick William Eilers

6 DATE OF BIRTH (month, day, and year) May 20 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 ~~83~~	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bavaria Germany.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Mrs John Schmeltz
(Address) 2121 Mt Holly St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept . 1924. to May 13 . 1926.
that I last saw h[illegible] alive on May 12 . 1926.
and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Uterus sclerosis
Chronic Myelitis
Chronic Endocarditis ?
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) George W Wear, M. D.

. 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 5/16 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

7 4 1926

Spec.—12-9-25—A Co.—200 Bks.

E 10574 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10574**

90

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2207 E. Federal St. 8-3 Ward)

2-FULL NAME Anna Mary Bernhardt

(a) RESIDENCE NO. 2207 E. Federal St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: late J. Martin Bernhardt

6 DATE OF BIRTH (month, day, and year): Sept 30/44

7 AGE — Years: 81 | Months: 7 | Days: 22 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Germany

PARENTS

10 NAME OF FATHER: Conrad Alvathee

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia A. Fastnacht

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Ger.

14 Informant: Margaret Roycroft

(Address): 2207 E Federal

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

5 14 1926 By RAB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12/26

17 I HEREBY CERTIFY, That I attended deceased from May 1 1918 to May 12 1926, that I last saw h.. alive on May 12 1926 and that death occurred, on the date stated above, at 4 48 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis. Gangrene of left foot

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. H. Reuden, M. D.

5/13 1926 (Address) 3307 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — Date of Burial 5/15 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10575

CERTIFICATE OF DEATH.

47

REGISTERED NO. 16-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Brantly ST., (WARD)

2-FULL NAME Catherine Roketson

(a) RESIDENCE NO. 1032 Brantly ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clinton S Roketson

6 DATE OF BIRTH (month, day, and year): June 5 1871

7 AGE — Years: 55 Months: 11 Days: 5 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Peter Volz

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: C S Roketson

(Address): 1032 Brantly

14 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to May 13, 1926, that I last saw h e alive on May 12, 1926 and that death occurred, on the date stated above, at 7 10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Carcinoma of Liver Secondary

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) Chas Story, M. D.

May 14 1926 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: May 15 1926

20 UNDERTAKER: H M Routson

ADDRESS 2238 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10576 E 10576

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Archie Stokes

(a) RESIDENCE NO. Sparrows Pt. ST., WARD Male

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant P. H. Wilson

(Address) Prov. Hosp.

15 Filed MAY 14 1926, C. HAMPSON JONES, M. D. Registrar

Per A. B. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9 1926 to May 13 1926

that I last saw him alive on May 13 1926

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Tapeworm

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Sparrows Pt.

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Signs

What test confirmed diagnosis?

(Signed) John W. Jaines M. D.

(Address) 1644 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victoria Va

DATE OF BURIAL May 16 26

20 UNDERTAKER Daniel Foran

ADDRESS 916 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10577 E 10577

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2207 Lynnhurst St., 13-5 Ward)

2-FULL NAME Edward K. Peters

(a) RESIDENCE NO. 2207 Lynnhurst St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edson Peters

6 DATE OF BIRTH (month, day, and year): May 22 1867

7 AGE: Years 59 Months Days 23 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter Helper

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Isabella Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Helen Peters

(Address) 2207 Lynnhurst

15 Filed MAY 14 1926 Registrar G. HAMPSON JONES, M. D.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5 1926 to May 12 1926

that I last saw h[illegible] alive on May 12 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. Hampson Jones M. D.

(Address) 1 E Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Josiah Lefler ADDRESS: 1600 W North ave

CAUSE OF DEATH IS PRINTED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1 4 1926

Spec.—1-10-21—M&T—1500 Bks.

E 10578

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence J. Cudlton Culleton

(a) RESIDENCE NO. 917 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 17 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	31	10 11	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) American

(c) Name of employer R. R. Express Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John L. Culleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass.

12 MAIDEN NAME OF MOTHER Mary A Calahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary A Culleton

(Address) 1505 Lanvitta Ave

15 Filed MAY 14 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per A.K.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 13, 1926, that I last saw him alive on May 13, 1926, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. M. Rabes, M. D.

May 14, 1926 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL May 17 1926

20 UNDERTAKER Edmund W. Conklin ADDRESS 924 E. Eager St.

CAUTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10579

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Stinson ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Repp.

(a) RESIDENCE NO. 310 Stinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Repp.

6 DATE OF BIRTH (month, day, and year) March 4 1834

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	92	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Bonson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Beckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Repp

(Address) 316 Stinson St.

15 Filed MAY 14 1926, 19..

C. HAMPSON JONES, M. D.

Registrar

Per Roth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/13/26

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 13, 1926.

that I last saw h[illegible] alive on May 13, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

Arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. Hillis Hemming M. D.

5/14 19 26 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL May 15 1926

20 UNDERTAKER George L. Schwab ADDRESS 401 Fulton Ave.

14 1926

THIS CERTIFICATE IS VOID unless filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10580 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10580

CERTIFICATE OF DEATH.

25-2 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Mc. Tavish Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mrs. Nellie L. Joh.

(a) Residence No.... Mc. Tavish Ave. St. ..... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND or (or) WIFE of: Adam W. Joh

6-DATE OF BIRTH (month, day and year): Dec. 25th 1875

7-AGE: 50 yrs. 4 mos. 19 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Henry Schafer

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Bruns

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md.

14- (Informant) Raymond A. Joh.

(Address) Mc. Tavish Ave. Violetville

15- Filed MAY 14 1926 C. HAMPSON JONES, M. D. Per ARH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 14-26

17- I HEREBY CERTIFY, That I attended deceased from June 1 1926 to May 14 1926

that I last saw her alive on May 14 1926

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

one month

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas. E. Cole, M. D.

5/15, 1926 (Address) 57 W. Fulton Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Cemetery	May 15th 1926
20-UNDERTAKER. George L. Schwab	ADDRESS 2101 Fredk. Ave.

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10581

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Earl, St. H-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia E. Niblett

(a) RESIDENCE NO. 28 Earl, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Niblett

6 DATE OF BIRTH (month, day, and year): May 25 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37.	11	18 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Louis Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Wambach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): John Niblett 28 Earl St.

15 C. HAMPSON JONES, M. D. Registrar

Per Reid

1 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to May 13, 1926.

that I last saw h[illegible] alive on May 13, 1926,

and that death occurred, on the date stated above, at 2 30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. W. Brashkamp, M. D.

19 (Address) 1348 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Mrs. Mrs. John H. Teufel & Son ADDRESS 801 N. Eagle St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 10582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10582

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 2211 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Reed

(a) RESIDENCE NO. 1501 Light St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6 DATE OF BIRTH (month, day, and year) March 17-1866

7 AGE Years 56 Months 2 Days 26 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED WATCHMAN

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Ob'v

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Co Md

PARENTS

10 NAME OF FATHER David Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co Md

12 MAIDEN NAME OF MOTHER Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co Md

14 Informant Miss Julia Reed

(Address) 402 Elwood Ave

15 5-14-1926 C. HAMPSON JONES, M. D.

Per RKH. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-10 1926 to 5-13 1926

that I last saw h alive on 5-13 1926

and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Testicle

(duration) yrs 5 mos ds

CONTRIBUTORY (secondary) Acute Infantile Enteritis (duration) yrs 0 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. Bryant, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 15 1926

20 UNDERTAKER J. Q. Stevens Son

ADDRESS 217 S Paca St

THIS IS very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 10583

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 10583

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2429 Eastern ave St., 1-2 Ward)

2-FULL NAME John J Carr

(a) RESIDENCE NO. 2429 Eastern av St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Carr

6 DATE OF BIRTH (month, day, and year): April 7 1876

7 AGE: Years 50 Months 1 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinest 31

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: Bath Steel Works

9 BIRTHPLACE (city or town) _____ (State or country) New Jersey

PARENTS

10 NAME OF FATHER John Carr

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Orland

12 MAIDEN NAME OF MOTHER Bridget Schamm

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Orland

14 Informant Sarah Carr (Address) 2429 Eastern av

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar Per _____ D. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 13 1926, to May 13, 1926, that I last saw him alive on May 13, 1926, and that death occurred, on the date stated above, at 6/30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at work

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) A. Valenti and ....., M. D.

, 19 (Address) 7 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — Date of Burial: May 17 1926

20 UNDERTAKER: Kendell Roffel & Son — ADDRESS: 37 Stm

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10584

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2747 Maryland Ave (St.) 17-3 (WARD)

2-FULL NAME Mary Sue Rawlings

(a) RESIDENCE NO. 2747 Maryland Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Rawlings

6 DATE OF BIRTH (month, day, and year) May 5, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Garland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Robins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Elsie Rawlings

(Address) 2747 Maryland Ave

15 MAY 15 1926 C. HAMPSON JONES, M. D. Registrar

Per PKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17

I HEREBY CERTIFY, That I attended deceased from March 6th, 1926, to May 13th, 1926,

that I last saw her alive on May 13th, 1926,

and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Personal observation.

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem.

DATE OF BURIAL May 16 1926

20 UNDERTAKER Wm J Fackler Sons

ADDRESS Norfolk Va

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10585

CERTIFICATE OF DEATH.

44 E 10585

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2004-6-31 St., 9-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Newton Beecher

(a) RESIDENCE NO. 2004-6-31 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma C. Beecher

6 DATE OF BIRTH (month, day, and year): Mch 19 1877

7 AGE — Years: 79 | Months: 0 | Days: 26 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Administration clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer): Orphans Court

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town): Clearspring (State or country): Md

PARENTS

10 NAME OF FATHER: Wm F Beecher

11 BIRTHPLACE OF FATHER (city or town): Penna (State or country)

12 MAIDEN NAME OF MOTHER: Maria Guthrie

13 BIRTHPLACE OF MOTHER (city or town): Pa (State or country)

14 Informant: Mrs Gordon Beecher (Address) 2004-6-31

15 Filed ... 19... Registrar C. HAMPSON JONES, M. D.

MAY 1926 For RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to May 14, 1926, that I last saw h.. alive on May 13, 1926, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Carcinoma of stomach (duration) ... yrs. 4 mos. ... ds.

18 Where was disease contracted (if not at place of death)? —

Did an operation precede death? — Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) Wetherbee, Jr. M. D.

, 19 6 (Address) 20 S. Barton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: May 17 1926

20 UNDERTAKER: W. J. Edmondson — ADDRESS: Norther

OF DEATH is plain (ems, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 10586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10586

CERTIFICATE OF DEATH.

71-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Albert Stiechel —

(a) RESIDENCE NO. 1721 Banks St. Balto. WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	14	
		6 wks.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Albert —

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Annie Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12 1926 to May 14 1926
that I last saw him alive on May 14 1926
and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Acute meningitis, pneumococcus

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ..... M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul's, Irvine Road	May 15 1926

20 UNDERTAKER	ADDRESS
John Madeber	1803 Banks St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10587

~~E 10587~~ ~~E 10587~~ ~~E 10587~~

Spec.—1-10-21—M&T—1500 Bks.

E 10588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10588

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 Falls Road ST. 13-7 WARD)

2-FULL NAME Marshall Johnson

(a) RESIDENCE No. 235 Falls Road Cor/Lyn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Rachel A. Johnson

6 DATE OF BIRTH (month, day, and year): March 26 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 940

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Ida Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind

14 Informant: Ida Johnson
(Address) 235 Falls Road

Filed MAY 15 1926, 19... C. HAMPSON JONES, M. D.
Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5. 13. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1924, to May 13, 1926, that I last saw h-im alive on May 13, 1926, and that death occurred, on the date stated above, at 4.55 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Embolic - apoplexy -

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. H. Bullen, M. D.

5. 14. 1926 (Address) Mt Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 15 1926

20 UNDERTAKER: A. S. Marshall — ADDRESS: 2539 Fall Rd

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

10589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-801

101 E 10589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 792 W. Saratoga ST. H-1 WARD)

2-FULL NAME Susie Banks

(a) RESIDENCE No. 792 W. Saratoga ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Horace Banks

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: 38 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Darlington S.C.

PARENTS

10 NAME OF FATHER: Thornton West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Horace Banks (Address) 792 W. Saratoga st

15 5 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 12th, 1926, that I last saw h[illegible] alive on May 12th, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ..... not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Harry F Burns M. D.

5/13 1926 (Address) 1916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL 5/15 1926

20 UNDERTAKER: Lammert Funeral Home

ADDRESS 5th & Biddle

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10590

100-081

E 10590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 14-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Green Jr.

(a) RESIDENCE NO. 1726 McCullough St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) May 3/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Leilia Walker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond Va

14 Informant Leilia Green

(Address) 1726 McCullough St

15 Filed 19 THOMPSON-JONES M. D.

5 1926 Per ARR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Focal Necrosis Liver-Otitis Media)

(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. E. Weems M. D.

(Coroner)

5-14-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 5/15 1926

20 UNDERTAKER Samuel Kennedy & Co. ADDRESS 538

Exact statement of OCCUPATION is very important. See instructions on back of certificate. If DEATH in plain terms, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

E 10591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-00 E 10591

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital, 2-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Buczik

(a) RESIDENCE NO. 609 S. Wolfe St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwik Buczik

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Lillian Brick (Daughter)

(Address) 1809 E. Pratt St

15 Filed MAY 15 1926 G. HAMPSON JONES, M. D. Registrar

Per MKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia-Empyemia-Pericarditis

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Cate, M. D.

(Coroner)

5/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial May 16 1926

20 UNDERTAKER F. W. Ozakowski ADDRESS 1930 Eastern Ave

If DEATH in place other than stated, or time of any of particulars classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10592 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10592

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 89

City of BALTIMORE: (No. 2006 Jefferson [redacted] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louisa Lang

(a) Residence No. 2006 Jefferson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Feb 5-1857

7-AGE: 69 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Casper Lang

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Louisa Erlicher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Mrs Ernst Hampshire

(Address): 2010 Orleans

15- 1926 C. HAMPSON JONES, M. D. Registrar.

Per AAH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 14-1926

17- I HEREBY CERTIFY, That I attended deceased from May 1 1926 to May 14 1926

that I last saw him alive on May 13 1926

and that death occurred, at the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Lewis M.D.

6/14, 1926 (Address) 413 N. Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: May 17 1926

20-UNDERTAKER: John Merrick — ADDRESS: 2008 Orleans St.

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10593

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 East North ave ST. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert T Jeffarson

(a) RESIDENCE No. 1751 East North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy S. Jeffarson

6 DATE OF BIRTH (month, day, and year) May 27. 1851

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	11	16 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer 045

(b) General nature of industry, business, or establishment in which employed (or employer) Superintendent

(c) Name of employer Md Vinegar Company

9 BIRTHPLACE (city or town) Talbot County (State or country) Maryland

PARENTS

10 NAME OF FATHER T Jeffarson

11 BIRTHPLACE OF FATHER (city or town) St Michaels (State or country) Talbot Co md

12 MAIDEN NAME OF MOTHER Elizabeth M Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Mrs L S Jeffarson (Address) 1751 E North ave

15 Filed MAY T 5 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to May 13, 1926, that I last saw h alive on May 13, 1926, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder (Acute)

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

May 5. 1926 (Address) 401 Pennington Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 7 1926

UNDERTAKER John B Spence — ADDRESS 1325 N Caroline St

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 10594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

E 10594

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1410 Harford ave Ward) 9-7

2-FULL NAME Margaret Carroll

(a) RESIDENCE NO. 1410 Harford Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1909

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): M. D

(State or country)

PARENTS

10 NAME OF FATHER: Ramond Bowen

11 BIRTHPLACE OF FATHER (city or town)

(State or country): V. a

12 MAIDEN NAME OF MOTHER: Aphelia Fisher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): V. a

14 Informant: Aphelia Fisher

(Address): 410 Harford ave

15 C. HAMPSON JONES, M. D.

Registrar

5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30 1926, to May 12, 1926, that I last saw her alive on May 11, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows: Acute Pleuramia Lung Disease Cardiac Insufficiency Stomach Paralysis

Contributory (Secondary) Stomach Paralysis (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Lee P Hall, M. D.

, 19 (Address) 1926 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — Date of Burial: may 16 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 1691 orleans st

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10595 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10595

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST., 76-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gross

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant City Hospital Records

(Address) Baltimore Md

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to May 13, 1926.

that I last saw h.e alive on May 12, 1926.

and that death occurred, on the date stated above, at 11 30 A/m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Chronic Nephritis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Laboratory

(Signed) R Hooper Lovett M. D.

May 13 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL May 17 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. N Ofc

THION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10596

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 S. Sixth St. ST., 26-6 100 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Bendetta (Benedetto)

(a) RESIDENCE NO. 707 S. Sixth St. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Bendetta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Estere Sousdonno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Bendetta

(Address) 707 S. Sixth St.

15 Filed MAY 15 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 13, 1926, that I last saw h[illegible] alive on May 13, 1926, and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Primary) (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. Artigiani M. D.

, 19 (Address) 2942 Fayetta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Lilly & Zirkin ADDRESS: 403 S. Wolfe St.

THIS is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10597

E 10597

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3803 E. Pratt St. ST., 26 WARD)

2-FULL NAME Laura May Weir

(a) RESIDENCE NO. 3803 E. Pratt St. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Weir.

6 DATE OF BIRTH (month, day, and year) July 5-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Kitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John Weir (Address) 3803 E. Pratt St.

15 C. HAMPSON JONES, M. D. Registrar

5 1926 Per APS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 1924 to May 14. 1926 that I last saw her alive on May 13. 1926 and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocarditis (duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M S Mazer M. D.

5/14. 1926 (Address) 261 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL May 17th 1926

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10598

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 720 N Newkirk ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Francis

(a) RESIDENCE NO. 720 N Newkirk ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hudon

6 DATE OF BIRTH (month, day, and year) unknown 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Agnes B Holly niece (Address) 720 N Newkirk St

15 Filed ..... 19..... A. ..... Registrar

151926 For April

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1926, to May 12 1926, that I last saw her alive on May 12 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency & Aortitis unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R J Cronin, M. D.

5/14 19 26 (Address) 1424 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL May 15 1926

20 UNDERTAKER Jno A Elliott ADDRESS 1725 Ashland

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 10599 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10599

CERTIFICATE OF DEATH. 162

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 2036 Eastern Av St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leokadja Zelenski

(a) Residence No. 2036 Eastern Av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 11 26

7-AGE. 3 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) HD

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Zabonski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Mollie Slabzky

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Mollie Zelenski

(Address) 2036 Eastern Av

15- Filed 5 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 14 26

17- I HEREBY CERTIFY, That I attended deceased from May 11 26 to May 14 19 26

that I last saw h[illegible] alive on May 14 19 26

and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Acute Sepsis

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reynolds M. D.

(Address) 805 N Kenwood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary cem — DATE OF BURIAL, May 15 19 26

20-UNDERTAKER, John A Weber — ADDRESS 1803 Eastern Av

Spec.—1-10-21—M&T—1500 Blks.

E 10600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10600

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N. Montford ST. 8-V WARD)

2-FULL NAME SUSIE Louise C. Walker

(a) RESIDENCE NO. 1618 N. Montford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Eckly Walker Sr.

6 DATE OF BIRTH (month, day, and year) July 21 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John M. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliz. Meeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant James E. Walker
(Address) 1618 N. Montford ave

15 5 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to May 12, 1926, that I last saw h[illegible] alive on May 11, 1926, and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm, M. D.

5/14. 1926 (Address) 1823 N. Montford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL May 15 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10601

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 50 E Montgomery ST. 22-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mortimer

(a) RESIDENCE NO. 50 E Montgomery ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H Mortimer

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) housework

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Geo E Mortimer
(Address) 1222 N Chapel St

15 MAY 15 1926 G. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 13, 1926, that I last saw her alive on May 13, 1926 and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Cerebral Hemorrhage

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G. H. Buxton M. D.

5/14. 1926 (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL May 15 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10602

E 10602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St., 27-6 Ward)

2-FULL NAME Robert Alexander Lancaster

(a) RESIDENCE NO. 604 Edgevale Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 22nd 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Hours~~	0	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry C. Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Helen Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northampton Mass

14 Informant Mother Mr. Lancaster

(Address) 604 Edgevale Rd Roland Park

Filed MAY 15 1926 C. HAMPSON JONES, Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1926, to May 14, 1926, that I last saw him alive on May 14, 1926, and that death occurred, on the date stated above, at 6:27 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Congenital heart - patent Ductus Arteriosus (duration) yrs. 2 mos. 25 ds.

18 Where was disease contracted if not at place of death? U. M. H.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy & clinical signs.

(Signed) C. H. Berlinghof, M. D.

5/14 1926 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: May 17 1926

UNDERTAKER: Henry H Jenkins & Co.

ADDRESS: Edmondson Ave.

TION IS very important. See instructions on back of certificate.

Spec—12-23-21—E.B.P.S.—400 Bks.

E 10603 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10603

CERTIFICATE OF DEATH.

14-24-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1937 Madison St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Harid

(a) Residence No. 1937 Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-~~Single~~, Married, Widowed, Natural or ~~Divorced~~, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Gertrude Harid.

6-DATE OF BIRTH (month, day and year) June 10-1859

7-AGE, 66 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Waiting table

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Harid

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rosetta Thomas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Rachel Williston

(Address) 1884 W. 137 St New York N.Y.

15-

Filed MAY 15 1926, 192... C. HAMPSON JONES, M.D. Registrar.

By H. A. Abel

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 15. 1926.

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 14, 1926, that I last saw h.. alive on May 14, 1926 and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy —

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? ←

Did an operation precede death? ← Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. Garland Hamilton M. D

May 15. 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL, May 17. 1926

20-UNDERTAKER, Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10604 E 10604

CERTIFICATE OF DEATH.

15-7 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2934 Westwood Ave (WARD) 15-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel H. H. Klingel

(a) RESIDENCE NO. 2934 Westwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella A. Klingel

6 DATE OF BIRTH (month, day, and year) Sept. 26 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	64.	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) United R R Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Daniel Klingel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Hannah L. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Ella A. Klingel

(Address) 2934 Westwood Ave

15 Filed 5 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to May 13, 1926, that I last saw him alive on May 13, 1926, and that death occurred, on the date stated above, at 9 20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Holmes M. D.

(Address) 2707 W. Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	May 17 1926
20 UNDERTAKER	ADDRESS
Jacob Lyter	1600 W. Baltimore

HON is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 10605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10605

CERTIFICATE OF DEATH

REGISTERED NO. 16002

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. N. Broadway ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hollander

(a) RESIDENCE NO. 3406 Dulaney Valley ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12, 1926

7 AGE: Years | Months | Days: 7 days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Home & Infirmary

PARENTS

10 NAME OF FATHER Walter Hollander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Esther Moses

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant (Address) Church Home & Infirmary per H.C. Smith M.D.

15 Filed 5-14-1926, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926 to May 14, 1926 that I last saw her alive on May 14, 1926 and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) H.C. Smith M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

FROM A TYPEWRITER. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—12-9-25—A Co.—200 Bks.

E 10606

Dr Thatcher - 1219 Poplar Grove St

HEALTH DEPARTMENT—CITY OF BALTIMORE

78 E 10606

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 831 Calverton Rd St. 16-2 Ward)

2-FULL NAME Nellie Meyers

(a) RESIDENCE NO. 831 Calverton Rd St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 5. 1896

7 AGE — Years: 29 — Months: 10 — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Dalto Md

PARENTS

10 NAME OF FATHER Melton Meyers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Dalto Md

12 MAIDEN NAME OF MOTHER Nellie Meyers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Manchester Va

14 Informant Nellie Meyers

(Address) 831 Calverton Rd

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to May 14, 1926, that I last saw her alive on May 13, 1926, and that death occurred, on the date stated above, at 3 25 a. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral congestion & dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted? Place of death

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Phys Exam

(Signed) John A. Thatcher M. D.

5/14 1926 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial May 17 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10607 31 **E 10607**

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 813 East 33rd St., 9-3 Ward)

2-FULL NAME Lester Sheeler Warfield

(a) RESIDENCE NO. 813 East 33rd St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16, 1900

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
25	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Guy T Warfield

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E Sheeler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Guy T Warfield

(Address): 813 E 33rd St

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

5 1926 Per AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 14 - 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3 1926, to May 17, 1926, that I last saw him alive on May 14, 1926 and that death occurred, on the date stated above, at 9:55 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (4 days)

Pulmonary Laryngeal Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Has had pulmonary T.B. for 3 years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray - Sputum -

(Signed) Louis F. Krumreen, M. D.

, 19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: May 17 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

Very Important. See instructions on back of certificates.

E 10608 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10608

49

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE, (No. Bay View Asylum ST. 12-4 WARD)

2-FULL NAME George Murphy Michael J Donohue.

(a) RESIDENCE NO. 2700 Green mount Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7th 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER John Murphy

11 BIRTHPLACE OF FATHER (city or town) Portland
(State or country)

12 MAIDEN NAME OF MOTHER Mary - O'Brien

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Hospital Records
(Address) Bet Eutaw and Howard

15 Filed 5 1926, 19 ..... C. HAMPSON JONES, M. D. Registrar
For ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-29-, 1926, to 5-14-, 1926,
that I last saw h alive on 5-14-, 1926,
and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:
Primary Carcinoma rectum
Metastasis

(duration) unknown ds.

CONTRIBUTORY (Secondary) Ter Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted — if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Clinical + Laboratory tests

(Signed) Chas P Chenoweth M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL May 17 1926

UNDERTAKER Wm Cook ADDRESS 202 E Madison

Baltimore, Md., May 21, 1926.

This is to certify that there personally appeared
fore me, a Notary Public in and for the City of Baltimore,
. Ira P. Champe, Jr., Resident Surgeon of the Baltimore
ty Hospitals, who made oath that the following statements
de by him are true and correct to the best of his
owledge and belief.

That he, Ira P. Champe, Jr., made out the original
rtificate of death, Baltimore City Health Department
0608-E, giveng the name of the deceased as GEORGE MURPHY
d the date of death - May 14, 1926; and that he now
sires to change the name of the deceased to read
CHAEL J. DONOHUE, which he has since found to be the
rrect name of the deceased.

Ira P Champe Jr

Physician.

bscribed and sworn to
fore me this 21st day
May, 1926.

Fred Faithe

Notary Public.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10609

CERTIFICATE OF DEATH.

90 E 10609

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1808 N. Calvert St 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Fidler

(a) RESIDENCE NO. 1808 N.Calvert St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 25/1869

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hutzler Bros

9 BIRTHPLACE (city or town)

(State or country) York Pa.

PARENTS

10 NAME OF FATHER Jermiah Fidler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Maragaret Geesey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Margaret Fink

(Address) Thurmont, Md

5 1926 C. HAMPSON JONES, M. D.

Per AKH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15/20

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(Coronary artery occlusion)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.

(Coroner)

5/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

York Penn Mar 18 1926

20 UNDERTAKER ADDRESS

Wm Cook 532 E Pr Co

Very Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

10610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10610

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (St.) 25th (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm M. Lowman

(a) RESIDENCE NO. Mt Hope Retreat ST. 25th WARD Pa 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married -

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Of Mrs. Lowman

6 DATE OF BIRTH (month, day, and year) Nov - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk - 209

(b) General nature of industry, business, or establishment in which employed (or employer) Clerking

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Greencastle Pa

PARENTS

10 NAME OF FATHER Michael Lowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kittanning Pa Pa

12 MAIDEN NAME OF MOTHER Elizabeth Bausch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mahoning Pa Pa

14 Informant Records of Mt Hope Retreat

(Address) Mt Hope Retreat

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per ——

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1925 to May 15th, 1926, that I last saw h[illegible] alive on May 14th, 1926, and that death occurred, on the date stated above, at 1. A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis - Post Senile Atherosa

abt (duration) 5 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Senile Dept. Psychosis - abt (duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Chambersburg Pa

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? ——

(Signed) Frank J. Flannery, M. D.

May 15, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greencastle ~~Chambersburg~~ Pa. DATE OF BURIAL 5-15 1926

20 UNDERTAKER E R Hale ADDRESS 115 E Lexington St

FROM IS very important. See instructions on back of certificate.

Spec.—1-10-27—M&T—1500 Bks.

E 10611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10611

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Nelson Mc Bride

(a) RESIDENCE NO. Brookville Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— 6 D

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Tenn -

PARENTS

10 NAME OF FATHER Leroy Mc Bride

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12 MAIDEN NAME OF MOTHER Ida Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 5 1926 C. HAMPSON JONES, M. D. Registrar
Per ..... MMH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30th, 1926, to July 14th, 1926, that I last saw h alive on July 14th, 1926, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Sprue

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Alexander J Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville Tenn — DATE OF BURIAL 5/15/26 19

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Ruxy

FROM A VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 E 10612 — E 10612 Rec'd + 8

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Clifford Scranton

(a) RESIDENCE No. 209 South Manchester ST., Conn WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conn —

PARENTS

10 NAME OF FATHER Clifford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn —

12 MAIDEN NAME OF MOTHER Eliz. McCormick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn —

14 Informant Friends
(Address) Johns Hopkins Hospital

15 Filed MAY 15 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 14, 1926, that I last saw him alive on May 14, 1926, and that death occurred, on the date stated above, at 4 20 P.m.

The CAUSE OF DEATH* was as follows:

Brain tumor benign
Hypoplysical duct syst

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of May 14 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. E. Eichert M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: South Manchester Conn — DATE OF BURIAL: 5/15/26

20 UNDERTAKER: Joseph Arrens — ADDRESS: 220 Main

FROM A VERY important: SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

E 10613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10613

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at St Agnes Hospital — REGISTERED NO. C

CITY OF BALTIMORE (No. West Friendship, Maryland St. 25-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin G. Shipley

(Residence in Baltimore: No. Brunswick, Maryland St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 2, 1884 (Month) (Day) (Year)

7-AGE, 41 yrs. 7 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R.

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, THomas J. Shipley, Sr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Maryland

12-MAIDEN NAME OF MOTHER Effie E. Moore

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J. Shipley, Sr.

(Address) 116 Wilhelm Ave. Wilhelm Park

15- Filed ..... 191.. C. HAMPSON JONES, M. D. Registrar.

Per .....

5 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13 1926, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to fractured ribs perforating Left Lung - Lacerated heart & L Ruptr Left Spleen - Ruptr Kidney (Duration) Died at once

CONTRIBUTORY (Secondary) Auto Accident (Duration) ....yrs. ....mos. ....ds.

(Signed) Thos B. Horton M. D. (Coroner)

May 14, 1926 (Address) Curtis Bay, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 17, 19 26

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

(Consul)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10614

CERTIFICATE OF DEATH.

101-E 10614

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Gournay

(a) RESIDENCE NO. S. S. Bedagra ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 31 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. 31 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Hindoo

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown 1906

7 AGE: Years 20 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman on S.S.

(b) General nature of industry, business, or establishment in which employed (or employer): S. S. Bedagra

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Africa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records at Hospital
(Address): Colonial Hospital

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar
Per Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1926, to May 15, 1926, that I last saw him alive on May 15, 1926, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(over)

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary): Empyema

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 4/15/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jaroslav Hulka M. D.

5/15, 1926 (Address) Colonial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cem — DATE OF BURIAL: May 15 1926

20 UNDERTAKER: Jos. Block — ADDRESS: 1003 W. Balto St

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10615 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10615

CERTIFICATE OF DEATH. × 127-061

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard St., W. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter F. Lynn

(a) RESIDENCE NO. Eldridge Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. X mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter Lynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Lydia Curran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mercy Nurses

(Address)

15 Filed May 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926 to May 17, 1926, that I last saw h[illegible] alive on May 17, 1926, and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Portal Cirrhosis of Liver

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Knotts, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Augustine Cem Eldridge Md DATE OF BURIAL May 17 1926

20 UNDERTAKER Chas. F. Cowan & Son ADDRESS 614 N. Eutaw St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10616 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10616

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

City of BALTIMORE: (No. 789 St. Peter St. 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Sullivan Jr.

(a) Residence No. 789 St. Peter St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 5 - 1923

7-AGE. 7 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) Balto

(State or Country)

PARENTS.

10-NAME OF FATHER Frederick Charles Sullivan

11-BIRTHPLACE OF FATHER (city or town) Balto

(State or Country)

12-MAIDEN NAME OF MOTHER Nellie Rene. LeVon

13-BIRTHPLACE OF MOTHER (city or town) Balto

(State or Country)

14- (Informant) Mrs. Thos. Sullivan

(Address) 789 St. Peter

15- Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 15 26

17- I HEREBY CERTIFY, That I attended deceased from May 14 1926 to May 15 1926

that I last saw h. alive on May 14 1926

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH was as follows:

Diphtheria Laryngeal

3

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) M. L. Thompson M. D.

5/15, 1926 (Address) 682 North St Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	May 16 1926
20-UNDERTAKER	ADDRESS
Chas. H. Cowan & Son	Gorsuch Ave

Spec.—1-10-21—M&T—1500 Bks.

Jacob C. Stiffler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10617 ✓ 10617

CERTIFICATE OF DEATH.

49 E 10617

1-PLACE OF DEATH Franklin Sq Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 19-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob C. Stiffler

(a) RESIDENCE NO. Parkton Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ruth Stiffler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Stiffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ruth Stiffler (Address) Parkton

15 Filed ..... 19 ..... Registrar

1 6 1926 Pat RK HAMPSON JONES,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 14, 19 26. to May 15, 19 26.

that I last saw h alive on May 15, 19 26.

and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Lab.

(Signed) Louis Culpepper M. D.

May 15, 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Grace Cem	May 16 1926

20 UNDERTAKER Ed Roy Stiffler ADDRESS 125 E North ave

Dr. Louis Culpepper Franklin Sq Hospital May 15/26

Spec.—1-10-21—M&T—1500 Bks.

19 E 10618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 10618

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Shilenga

(a) RESIDENCE No. New Britain - Conn. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shop Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer Pa Lithuania

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER Jos. Shilenga

11 BIRTHPLACE OF FATHER (city or town) Lithuania
(State or country)

12 MAIDEN NAME OF MOTHER Mary Plonski

13 BIRTHPLACE OF MOTHER (city or town) Lithuania
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 16 1926 H. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 15, 1926
that I last saw him alive on May 15, 1926
and that death occurred, on the date stated above, at 4 35 P.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign
Cerebellar.

(duration) 1 yrs. ? mos ..... da.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 5-12-26

Was there an autopsy? yes 5-15-26

What test confirmed diagnosis? Operation

(Signed) J. C. Hoff, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Britain Conn | DATE OF BURIAL 5/18/26

20 UNDERTAKER [redacted] | ADDRESS 221 Bway

Spec.—1-12-23—M&T—500 Bks.

Bialecki

HEALTH DEPARTMENT—CITY OF BALTIMORE

10619

CERTIFICATE OF DEATH. 101-001

E 10619

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 25-9 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaus Bialecki

(a) RESIDENCE NO. Wagners Point (St.) East Brooklyn (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
16	16	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Boleslaw Bialecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Stanislava Gwiazdowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Boleslaw Bialecki

(Address) 94 33rd ave Wagners Point

15 Filed MAY 16 1926 CHAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-15-1926

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1926 to May 15, 1926, that I last saw him alive on May 15, 1926 and that death occurred, on the date stated above, at 3 10 P. m.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H Bonaudt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A H Co	May 18 1926

20 UNDERTAKER ADDRESS

George A Weber 220 Bank st

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10620

CERTIFICATE OF DEATH.

161-001

Registered No. E 10620

1-PLACE OF DEATH

City of BALTIMORE: (No. 1002 S. Sharp St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Taylor

(a) Residence No. 1002 S. Sharp St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 13, 1926

7-AGE. ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Matthews Taylor

11-BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Gladys Hughes

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or Country),

14- (Informant) Gladys Taylor

(Address) 1002 S. Sharp St.

15- Filed ....., 192.. ....., Registrar.

MAY 16 1926 — RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 15, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 13, 1926 to May 15, 1926

that I last saw ... alive on May 15, 1926

and that death occurred, on the date stated above, at 2:00 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M.D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Zion	May 16 1926
20-UNDERTAKER.	ADDRESS
R L Parham.	906 Leadenhall St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10621

CERTIFICATE OF DEATH. 188-003

E 10621

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp. St. 5-1 Ward)

2-FULL NAME Adelina Livolsi

(a) RESIDENCE NO. 316 East St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? 2 yrs. 3 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/10/1924

7 AGE Years 2 Months 3 Days 4 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER P. Livolsi

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Josephine Romano

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Josephine Romano

(Address) Italy 316 East.

15 Filed ..... 19 ..... Registrar

MAY 16 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to h.. death on the day stated above. will held Inquest May 17-

The CAUSE OF DEATH* was as follows:

Fract. skull caused by being struck by auto.

1 day (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Riley M. D.

(Coroner)

May 15 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. 1 mos.. day ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Vincents Cemetery Date of Burial 5/16 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Halford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10622

CERTIFICATE OF DEATH.

100 - 001

REGISTERED No. E 10622

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Alameda Blvd ST.; 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Gildae

(Residence in Baltimore: No. 3905 Alameda Blvd. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. October 3, 1873 (Month) (Day) (Year)

7-AGE. 52 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Curtain Cutter
(b) General nature of Industry, business, or establishment in which employed (or employer): Manufacturer

9-BIRTHPLACE. (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. John L Gildea

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Mary Martin

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clara F. Gildea

(Address) 3905 Alamedea Blvd

15-

Filed MAY 16 1926, 191.. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 13th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1926, to May 13 1926, that I saw him alive on May 13 1926, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Cleanth. & Broncho pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) R. E. Davis M. D.

May 15, 191.. (Address) 1509 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem

DATE OF BURIAL. May 17, 1926

20-UNDERTAKER. George J Ruth

ADDRESS. 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 10623

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 W Gibbons Avenue (WARD) 27-12

2-FULL NAME Mrs Caroline Veara

(a) RESIDENCE NO. 7 W Gibbons Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Veara

6 DATE OF BIRTH (month, day, and year) 3/19 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Isle of Madeira

PARENTS

10 NAME OF FATHER Joseph Lopez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Isle of Madeira

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Isle of Madeira

14 Informant Susana Veara

(Address) 7 W Gibbons Ave

15 Filed 19

16 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1926, to May 14, 1926.

that I last saw h[illegible] alive on May 14, 1926

and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Vitality lowered by a fall March 19-1926)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

5/15, 1926 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Harford ave — DATE OF BURIAL: 5/17 1926

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10624

CERTIFICATE OF DEATH.

47 E 10624

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2418 E Lafayette Ave. (ST.) 8-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lyda M. Kurbel

(a) RESIDENCE NO. 2418 E Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. A. Kurbel.

6 DATE OF BIRTH (month, day, and year) Sept 27. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John W. Kemp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Sophia Kermeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant (Address) Jos. A. Kurbel. 2418 E Lafayette Ave

15 Filed MAY 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Mch 14, 1926, to May 14, 1926, that I last saw he alive on May 14, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Edema of Lungs

CONTRIBUTORY (Secondary) Carcinoma of Breast (duration) 1 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of Mch 14, 1925

Was there an autopsy? no

What test confirmed diagnosis? Lab. Tests

(Signed) Thos. F. A. Stevens, M. D.

5/16, 1926 (Address) 2878 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holly Redeemer Cem.

UNDERTAKER Robt Stevens Sons

DATE OF BURIAL May 17 1926

ADDRESS 1442 Bradyer

Spec.—1-10-21—M&T—1500 Bks.

E 10625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 29 E 10625

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2761 N. North Ave ST. 15-4 WARD)

2-FULL NAME Matilda A. Brady Jones

(a) RESIDENCE NO. 2761 N. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. — mos. — ds. How long in U. S., if of foreign birth? 83 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of ~~her~~ (or) WIFE of Thomas Brady Jones

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Seattle Wash

PARENTS

10 NAME OF FATHER Patrick Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mrs. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Linda J. Brady Jones

(Address) 2761 N. North Ave.

15 Filed MAY 16 1926 . 19 Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 , 1926 to May 14 1926

that I last saw her alive on May 14 , 1926

and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

5 M

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

May 16 , 1926 (Address) 1414 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL May 19 1926

20 UNDERTAKER Henry Hook Son ADDRESS 1401 E Lexington St

Spec.—1-10-21—M&T—1500 Blks.

E 10626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 10626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Whiteleck St. S. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Sachs

(a) RESIDENCE NO. 833 Whiteleck St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 4, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minna Sachs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Miss. Sarah Sachs (Address) 833 Whiteleck St.

15 Filed ..., 19... Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th. 1926

17

I HEREBY CERTIFY, That I attended deceased from Spring, 1925, to May 15, 1926.

that I last saw her alive on or about May 8, 1926.

and that death occurred, on the date stated above, at 11³² A. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

Uterine

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) I. Wm. Hachlos, M. D.

, 19 (Address) 2313 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 5/16/ 1926

20 UNDERTAKER Harry Sondheim

ADDRESS 18-20 W. Pratt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 10627

CERTIFICATE OF DEATH.

REGISTERED NO. E 10627

1-PLACE OF DEATH

City of BALTIMORE: (No. 313 N. Hilton St. 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel M. Little.

(a) RESIDENCE NO. 312 N. Hilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male,

4 Color or Race: White,

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) the late, Julia Little.

6 DATE OF BIRTH (month, day, and year) March, 22, 1844.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82,	1,	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Nickerbocker Ice Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa.

PARENTS

10 NAME OF FATHER Samuel Little Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Yates

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Clara Crouch, (Daughter).

(Address) 312 N. Hilton St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MAY 16 1926 Per ..... Pfc

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1926 to May 14, 1926, that I last saw h~~im~~ alive on May 14, 1926 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arterial Hypertension

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. A. Kelly, M. D.

, 19 (Address) 357 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial May 17 1926

20 UNDERTAKER A. Howard Evans ADDRESS 356 E. Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10628
1-PLACE OF DEATH

CERTIFICATE OF DEATH. 188-003

E 10628
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. South Baltimore General Hospital 243 Ward)

2-FULL NAME Milton Brown Jr.

(a) RESIDENCE NO. 1452 Reynolds St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 11 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 2, 1919.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Milton Brown Sr.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland.
12 MAIDEN NAME OF MOTHER Mary Shinkeleski.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland.

14 Informant Milton Brown Sr. (father)
(Address) 1452 Reynolds St.

15 Filed AUG 6 1926 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Accidentally struck and knocked down by an automobile while crossing the street. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
May 15, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Fort Ave. between Richardson & Under sts May 13, 1926.
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cem. Date of Burial May 19 1926

20 UNDERTAKER Charles L. Sauerwald ADDRESS 501 E. Lafayette Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10629

CERTIFICATE OF DEATH.

1929 E 10629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital ST. 13-5 WARD)

2-FULL NAME Jacob L. Newcomer

(a) RESIDENCE No. 3432 Mondawmin Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Stephenson Newcomer

6 DATE OF BIRTH (month, day, and year) Jan 17, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John D. Newcomer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) 3432 Mondawmin Ave. Eliz. S. Newcomer

15 Filed MAY 15 1926 H. LAMPSON JONES, M. D. Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 14, 1926, that I last saw him alive on May 14, 1926, and that death occurred, on the date stated above, at 9-40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arterio sclerosis

(duration) One yrs. mos. ds.

* Retro peritoneal Hemorrhage from renal trouble + Surgical

CONTRIBUTORY (Secondary) Shock (duration) — yrs. — mos. One ds.

18 Where was disease contracted if not at place of death? in home

Did an operation precede death? Yes Date of May 14, 1926

Was there an autopsy? No

What test confirmed diagnosis? Laboratory + operation

(Signed) James C. Lumpkin, M. D.

5/15 1926 (Address) 818 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hagerstown Md	May 17 1926
20 UNDERTAKER	ADDRESS
John A. Mitchell	1701 Argyle Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 ~E 10630

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4116 Fredericks Ave ST. 20-1 WARD)

2-FULL NAME William J Penn

(a) RESIDENCE No. 4116 Fredericks Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella E Penn

6 DATE OF BIRTH (month, day, and year): Aug 31 1860

7 AGE: Years 65 Months 8 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 663

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Samuel Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emily Croggon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Ella E Penn

(Address) 4116 Fredericks Ave

15 Filed MAY 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to May 14, 1926, that I last saw him alive on May 13, 1926, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Cancer Descending Colon

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Henry J Slaughter M. D.

5/14 1926 (Address) 220 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 5/17 1926

20 UNDERTAKER: Joseph Finley Fulton

ADDRESS: Fayette

Spec.—12-9-25—A Co.—200 Bks.

E 10631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10631

CERTIFICATE OF DEATH.

44

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3500 Carsdale Ave Forrest Pk Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa Grotte

(a) RESIDENCE NO. 3500 Carsdale Ave St. Forrest Park Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June. 16. 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	10 11	29 0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Adelsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Lewis

(Address) 1439 E. Balto. St.

Filed MAY 16 1926

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16. 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1926, to May 16, 1926, that I last saw h.e alive on May 15 1926, and that death occurred, on the date stated above, at 3.35 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General carcinomatosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted?

If not at place of death!

Did an operation precede death? Yes No Date of April 1926

Was there an autopsy?

What test confirmed diagnosis? Laparotomy & clinical

(Signed) I. Frederick Lentz, M. D.

May 16 1926 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery Date of Burial May 17 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto

Spec. 1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10632

CERTIFICATE OF DEATH.

40 V E 10632

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 4-1 WARD)

2-FULL NAME Daisy Dewey -

(a) RESIDENCE NO. 731 Woodbine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dewey -

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 37 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Henry Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Clara Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant [redacted] (Address) Balto City Hospitals

15 Filed MAY 6 1926 C. HAMPSON JONES, M. D. Registrar Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May. 13, 1926.

17 I HEREBY CERTIFY, That I attended deceased from April. 28, 1926. to May. 13, 1926.

that I last saw h[redacted] alive on May. 13, 1926.

and that death occurred, on the date stated above, at 7.40 a m.

The CAUSE OF DEATH* was as follows: Bilateral Salpingitis. Chronic Bilateral Tubo-Ovarian Cysts. Extensive Intra abdominal adhesions - Rectal Stricture and fecal fistula (duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb. 27, 1926

Was there an autopsy? No Were findings of Surgical Diagnosis confirmed?

What test confirmed diagnosis?

(Signed) [redacted] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn

DATE OF BURIAL: 5/16 1926

20 UNDERTAKER: Samuel Hensley

ADDRESS: 578 M[redacted]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10633
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 10633
REGISTERED NO.

CITY OF BALTIMORE: (No. 1524 Homestead st ST.: 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louisa M. Hahs

(a) RESIDENCE. No. 1524 Homestead ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): July 12th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 67	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jorge Helwig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa Thieme

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs L. Hahs
(Address) 1524 Homestead st

15 Filed NOV 16 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1. 1926. to May 13. 1926.
that I last saw h alive on May 13. 1926.
and that death occurred, on the date stated above, at 5.30 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Anemia.
(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? X
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical course
(Signed) James A. Clark, M. D.
5. 14. 1926 (Address) Zetrobe apt. Chas & Read 23

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 17 1926

20 UNDERTAKER: Hannah Apples ADDRESS 1104 Ainsworth st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 5-76
E 10634

X 44 E 10634

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME James L. Warrick

(a) RESIDENCE NO. Washington College ST., ... WARD —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Naomi Warrick

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Enoch Warrick

11 BIRTHPLACE OF FATHER (city or town) N. Car —
(State or country)

12 MAIDEN NAME OF MOTHER Griffith

13 BIRTHPLACE OF MOTHER (city or town) N. Car —
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 16 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24. 1926. to May 16. 1926.
that I last saw him alive on May 16. 1926.
and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Yes Date of May 4

Was there an autopsy? No

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Theobald M. D.

May 17. 1926 (Address) 9 H 11

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knox College, Tennessee.

DATE OF BURIAL 5/16. 1926.

20 UNDERTAKER J. Rhem & Son

ADDRESS 224 N. Broadway.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10635

CERTIFICATE OF DEATH.

90 E 10635

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2229 Cecil ave St. 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alva Burton Montague

(a) Residence No. 2229 Cecil ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): M

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Cornelia L. Montague

6-DATE OF BIRTH (month, day and year): 2 Dec 1860

7-AGE, 65 yrs. 2 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk at 109

(b) General nature of industry, business, or establishment in which employed (or employer): Ex Hall

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Henry Montague

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Lost known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14- (Informant): Chas. Montague

(Address): 2229 Cecil ave

15- HAMPSON JONES, M. D. Registrar.

NOV 16 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 14 26

17- I HEREBY CERTIFY, That I attended deceased from 5/10, 1926, to 11/14, 1926, that I last saw him alive on 11/14, 1926, and that death occurred, on the date stated above, at 4.40 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Valvular Heart Disease)

(Duration) 8 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 0 yrs. 0 mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. K. Hansmann, M. D.

, 19 (Address) 700 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Wilma, Ind. DATE OF BURIAL: 5/17, 1926

20-UNDERTAKER: Jno J Moran ADDRESS 300 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10636

CERTIFICATE OF DEATH.

90

E 10636
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 S. Burley St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Graham

(a) RESIDENCE NO. 609 S Burley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Thos. J. Graham

6 DATE OF BIRTH (month, day, and year): Nov 2 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Owen Barnay

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Graham

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Thos J Graham

(Address): 609 S. Ellwood Ave

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MAY 15 1926 by K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to May 13, 1926

that I last saw her alive on May 13, 1926

and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) myocarditis arteriosclerosis

(duration) ? yrs. ....mos. ....ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. A. Kirkwood, M. D.

, 19 (Address) 421 S Ellwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: 5/17 1926

20 UNDERTAKER: J. G. Moran — ADDRESS 3009 E. Baltimore

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 E 10637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) At Sea on S/S Sunbeam. (ST.) 21-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John Martinsan.

(a) RESIDENCE NO. Stockholm, Sweden. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs.---mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	35	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oiler,

(b) General nature of industry, business, or establishment in which employed (or employer): S/S Sunbeam.

(c) Name of employer: Sun Oil Company.

9 BIRTHPLACE (city or town) (State or country): Sweden.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know,

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Capt. C. E. Heggland. c/o Sunbeam. (Address) Sun Oil Co. Varner & Haynes St.

15 Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Leinhardt (Coroner), M. D.

May 15, 1926 (Address) 10 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: May 17, 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10638

CERTIFICATE OF DEATH.

20-3 179 **E 10638**

1-PLACE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2002 W. Fayette ST. ____ WARD)

2-FULL NAME Doris Jerentrup

(a) RESIDENCE No. 2002 W. Fayette ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gottleib Jerentrup

6 DATE OF BIRTH (month, day, and year) Feb. 18 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ____ min.
	83	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work 037

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer ____

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Winstrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant William Jerentrup
(Address) 2002 W. Fayette St.

15 Filed MAY 7 1926, 19 ____ C. HAMPSON JONES, M. D. Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 25. to May 14 19 26

that I last saw h alive on May 13 19 26

and that death occurred, on the date stated above, at 5 A. M. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Senile. Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Walter E Linchman M. D.

5/15. 1926 (Address) 2002 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL May 7 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Blks.

E 10639

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 10639

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST., 9-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 1

2-FULL NAME Margaret Wilmer

(a) RESIDENCE NO. 1700 N. Carolina ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

5a If married, widowed, or djvorced HUSBAND of (or) WIFE of Gideon L Wilmer

6 DATE OF BIRTH (month, day, and year) Sept 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7 8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Thomas McMullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Walter Wilmer

(Address) 301 Chestnut Ave Overlea

15 Filed 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/15 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/11, 1926, to 5-15-, 1926,

that I last saw h e alive on 5-15-, 1926,

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 18 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lexington St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10640 E 10640

CERTIFICATE OF DEATH.

90 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 St Paul St. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Charles Davis

(a) RESIDENCE NO. 3808 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance 045

(b) General nature of industry, business, or establishment in which employed (or employer) Broker

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry K Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Florine Strambough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Frederick Reidel (Address) 3808 St Paul St

15 Filed MAY 17 1926 Registrar HAMPSON JONES, M. D.

Fat P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1926, to May 14th, 1926, that I last saw h[illegible] alive on May 14th, 1926, and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endo. Myo & Pericarditis

Mitral Insufficiency. Myocardial Insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Chas. W. Louis M. D.

M. D. (Address) 9 E. Lan St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL May 17 1926

20 UNDERTAKER Henry W Jenkins & Son

ADDRESS Richard H Collicks

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10641

CERTIFICATE OF DEATH.

E 10641

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Cedar Ave ST. 33-7 WARD)

2-FULL NAME Ella M. Hershey

(a) RESIDENCE NO. 2934 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm A Hershey

6 DATE OF BIRTH (month, day, and year): Nov 2-1856

7 AGE: Years 69; Months 6; Days 12; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: James Ensor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Asked & not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Asked & not known

14 Informant: Mrs Emma Hitchcock

(Address) 2934 Cedar Ave

15 Filed May 17 1926 HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to May 14, 1926.

that I last saw her alive on May 14, 1926,

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

Cerebral hemorrhage

2.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 4. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) [illegible] M. D.

(Address) 3429 Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Stanfield

DATE OF BURIAL: May 17 1926

20 UNDERTAKER: A S Marshall

ADDRESS: 3539 Falls Road

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10642

CERTIFICATE OF DEATH.

E 10642

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1315 N. Chapel St. 8-3 Ward)

2-FULL NAME Annie Mickey

(a) RESIDENCE NO. 1315 N Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Mickey

6 DATE OF BIRTH (month, day, and year): Nov 27 - 1890

7 AGE: Years 35 | Months 5 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Va

PARENTS

10 NAME OF FATHER: Henry Cheatham

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Ellen Cheatham

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Robert Mickey

(Address) 1315 N Chapel St

15 Filed MAY 7 1926 C. HAMPSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 14, 1926, that I last saw h[illegible] alive on May 14, 1926, and that death occurred, on the date stated above, at 4-10 m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis Chron

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage and Shock - 8 hours

Several hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

5-15-1926 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Date of Burial May 17 1926

20 UNDERTAKER: Sam'l E. Chase & Son ADDRESS 1400 Mosher

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10643

CERTIFICATE OF DEATH.

31 E 10643

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 1851 (WARD)

2-FULL NAME Lizzie pixon

(a) RESIDENCE No. 206 Poppleton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elsa pixon

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Iula Gouldy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed MAY 19 1926 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 13, 1926, that I last saw her alive on May 13, 1926, and that death occurred, on the date stated above, at 10.1[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Monroe Lane Jr. M. D.

5-14-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL May 17th 19 26

20 UNDERTAKER A Jones ADDRESS 1116 Gilmor

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10644 1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129

E 10644 Registered No.

City of BALTIMORE: (No. 1342 Glendany Ave. St. 21-3 Ward)

Glyndon Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Matelis

(a) Residence No. 1342 Glendany Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 20. 1917

7-AGE.	If LESS than 1 day,
8 yrs. 6 mos. 26 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. No.
(b) General nature of Industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore Md.
(State or Country).

PARENTS.

10-NAME OF FATHER, Joseph Matelis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithvania

12-MAIDEN NAME OF MOTHER, Stelle Shmkevc

13-BIRTHPLACE OF MOTHER (city or town). Lithvania
(State or Country),

14- (Informant). Joseph Matelis
(Address) 1345 Glendany Ave.

15- Filed 5 1926 1926 G. HAM... Registrar. Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 16 26

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1926 to May 16, 1926
that I last saw h alive on May 16, 1926
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) M.D.
May 15, 1926 (Address) 602 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	May 18. 1926. 19....
20-UNDERTAKER. John Grebliauckas	ADDRESS 423 S Paca St

$5.00

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10645

E 10645

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 28th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Sheeler

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Mr Sheeler

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Not Known abt 47	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Mangan

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Ryon

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1926, to May 15, 1926, that I last saw her alive on May 15, 1926, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Febroid Phthisis - Chron Pneumonic Invasion - (?)

abt (duration) 2 yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Dem. Psychosis.

abt (duration) 0 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J. Flannery, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL May 18 1926

20 UNDERTAKER John Cowan & Son — ADDRESS 901 Hollins

per F. J. Cowan

MAY 17 1926

Spec.—1-10-21—M&T—1500 Bks.

Jeff McKenna.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10646

B 10646

CERTIFICATE OF DEATH.

159-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 344 Lanvale ST., 21-2 WARD)

2-FULL NAME Mrs Desmond

(a) RESIDENCE NO. 1349 Druid ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/16/76

7 AGE Years 9 Months 6 Days 1 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Emory McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Emory McKenna

(Address) 1349 Druid

15 Filed MAY 17 1926 HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/1926

17 I HEREBY CERTIFY, That I attended deceased from 5/10, 1926 to 5/16, 1926

that I last saw h... alive on 5/10/1926

and that death occurred, on the date stated above, at 8 a m

The CAUSE OF DEATH* was as follows:

c

Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hampson Jones, M. D.

, 19 (Address) 1349 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 19 1926

20 UNDERTAKER Louis F. Cowan & Son

ADDRESS 901 Hollins St

Per Louis F. Cowan.

Spec.—1110-1—M&T—1500 Bks.

1926

E 10647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002

E 10647

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

2-FULL NAME Margaret George

(a) RESIDENCE NO. St Vincent Orsy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

17 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1926, to May 14th, 1926, that I last saw h-e alive on May 14th, 1926, and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

Agyentary

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alexander J. Stoltzfus, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL May 17 1926

20 UNDERTAKER M. Fahey & Sons — ADDRESS 827 W. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10648

CERTIFICATE OF DEATH.

E 10648

1-PLACE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. 641 N. Central Ave St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta Taylor

(a) RESIDENCE NO. 641 N. Central Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Taylor

6 DATE OF BIRTH (month, day, and year) Feb 22/1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. Gardner

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant (Address) Anna May Maxwell (sister) 641 N. Central Ave

15 Filed _____ 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 May 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably (Lobar) Pneumonia

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) _____

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cates, M. D.

(Coroner)

5/15/26 (Address) 508 [illegible]. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cemetery Date of Burial 5-18 1926

20 UNDERTAKER Mrs Charles L. Bailey ADDRESS 142 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

E 10649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24001 E 10649

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2233 Gough ST. 1-1 WARD)

2-FULL NAME Wilhelmina Eichman.

(a) RESIDENCE NO. 2233 Gough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Eichman

6 DATE OF BIRTH (month, day, and year): [illegible] 1859

7 AGE: Years 75 Months 2 Days 6

If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Adolf Pfeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. L Brocklander.

(Address) 2233 Gough St.

Filed MAY 17 1926 HAMPSON JONES, M. D.

Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 23 1926 to May 15 1926

that I last saw her alive on May 14 1926

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken ampenphon Fract

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb R Kelly, M. D.

May 16 1926 (Address) 130 S Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: May 18 1926

20 UNDERTAKER: L. Heuman — ADDRESS: 321 Broad.

Cor.—12-9-25—A Co.—200 Bks.

Vaughaday.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10650

CERTIFICATE OF DEATH.

187-007

E 10650

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Vaughaday

(a) RESIDENCE NO. 312 Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marg. Vaughaday

6 DATE OF BIRTH (month, day, and year) Sept 25 - 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Wm Tamara Bros

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER William Vaughaday

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Ida Billpusey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Mrs Marg Vaughaday

(Address) 312 Calhoun St

Filed ..... 19.. C. HAMPSON JONES, M. D.

MAY 7 1926 K.L. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suspicious ~~Suicide~~ Accident

accident while at work

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gas Embolism

Contributing Causes

(duration) yrs. mos. ds.

(Signed) Samuel S Visher M. D.

(Coroner)

19 26 (Address) 332 S Pitt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cemetery May 1926

20 UNDERTAKER — ADDRESS

Nelson E. Stiles — 231 Ind. Ave Westport

Spec.—1-10-21—M&T—1500 Bks.

10651 HEALTH DEPARTMENT—CITY OF BALTIMORE 10651

CERTIFICATE OF DEATH.

11-806

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Eastern Ave ST. 26-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Feggos

(a) RESIDENCE NO. 3508 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 4-1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Harry Feggos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Rachael Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Harry Feggos (Address) 3508 Eastern Ave

15 Filed May 17 1926 C. HAMPSON JONES, M. D. Registrar

PPT RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10 1926 to May 16 1926

that I last saw h alive on May 16 1926

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 Address [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL May 18 1926

20 UNDERTAKER John McCrea

ADDRESS 2008 Eastern

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10652

CERTIFICATE OF DEATH.

90

E 10652

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 Smallwood St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Rivka Yoffe

(a) RESIDENCE NO. 1624 Smallwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Yoffe

6 DATE OF BIRTH (month, day, and year) Unknown Between

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	94	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Joseph —

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Herman Rosen

(Address) 1624 Smallwood St.

15 Filed MAY 17 1926 19

H. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 15, 1926, that I last saw her alive on May 15, 1926, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin, M. D.

, 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 5/19 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 10653 PLACE OF DEATH

E 10653 REGISTERED NO. C

CITY OF BALTIMORE: (No. 1829 Druid Hill Ave St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarette Andrew Woods

(Residence in Baltimore: No. 1829 Druid Hill St.; yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Jan — 5 (Month) 12 (Day), 1926 (Year)

7-AGE, ... yrs. 5 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Woods

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Alto Hudson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Hudson

(Address) 1829 Druid Hill Ave

15-

Filed MAY 17 1926, 191... C. HAMPSON JONES, M. D.

Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 — 15 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-14-1926 to 5-15-1926 that I saw h— alive on 5-15-1926 and that death occurred, on the date stated above, at 9 4 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Col

(Duration) ... yrs. ... mos. 7 ds.

(Signed) W. R. Boykin M. D.

5/17-1926 (Address) 1618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 17 1926

20-UNDERTAKER Virginia C. Brooks — ADDRESS 1463 N. Carey St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10654

CERTIFICATE OF DEATH.

101-001

E 10654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Barclay ST., 12-4 WARD)

2-FULL NAME Howard Samuel Wilcox

(a) RESIDENCE NO. 2617 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Wilcox

6 DATE OF BIRTH (month, day, and year): Jan 14, 1877

7 AGE: Years 29 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): Running Juices

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clarksville Tenn

PARENTS

10 NAME OF FATHER: Samuel E Wilcox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tenn

12 MAIDEN NAME OF MOTHER: Stockelford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Tenn

14 Informant: Emma Wilcox

(Address): 2617 Barclay

15 Filed MAY 17 1926 Per H. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 15, 1926.

that I last saw him alive on May 14, 1926,

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

I Lobar Pneumonia

(duration) 6 yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sy

(Signed) H. C. Byrd M. D.

5/15 1926 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Sunday

DATE OF BURIAL: May 17 1926

20 UNDERTAKER: J. R. Wells & Son

ADDRESS: Sykesville Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10655

CERTIFICATE OF DEATH.

74-001

E 10655
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Fourth St. ST., 76-6 WARD)

2-FULL NAME Barbara Kershner.

(a) RESIDENCE No. 717 S. Fourth St. ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kershner.

6 DATE OF BIRTH (month, day, and year) Oct. 18-1834

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	91	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Jennie L. Getz
(Address) 3815 Fait Ave

15 Filed MAY 7 1926 H. HAMPSON JONES, M. D. Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8 1926 to May 15 1926 that I last saw h[illegible] alive on May 14 1926 and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 52 W. Mt. Vernon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 19 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

E 10656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 ✓

REGISTERED NO. E 10656

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas R. Cassidy

(a) RESIDENCE NO. 1102 E. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Cassidy

6 DATE OF BIRTH (month, day, and year) July 19/59

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Patrolman 61

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Police Dept.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Cassidy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Mary Scally

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Catherine Cassidy

(Address) 1102 E. North Ave

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyonephritis (History of left Nephrectomy- Papillary adenocarcinoma at site. (Autopsy at Hopkins)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Catlin M. D.

(Coroner)

5/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae — Date of Burial May 18 1926

20 UNDERTAKER Lilly & Zeller — ADDRESS 403 S. Paca St.

P.M.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10657

REGISTERED NO.

E 10657
1-PLACE OF DEATH

City of BALTIMORE: (No. 2416 E. Madison St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. B. Clabaugh

(a) RESIDENCE NO. 2416 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Daisy Clabaugh

6 DATE OF BIRTH (month, day, and year) Jan 23/82

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	44	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Room

(b) General nature of industry, business, or establishment in which employed (or employer) United Ry. Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) City

PARENTS

10 NAME OF FATHER John H. Clabaugh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hanna E. —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Daisy Clabaugh

(Address) 2416 E Madison

15 Filed ..... 19 .....

MAY 17 1926

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan — 19 26, to May 14 19 26,

that I last saw him alive on May 14 19 26

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? NV Date of

Was there an autopsy? NV

What test confirmed diagnosis?

(Signed) Edward Horan, M. D.

19 (Address) 1811 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial 5/17 1926

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10658

CERTIFICATE OF DEATH.

E 10658

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 S. East Ave St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Mildred Donahue

(a) Residence No. 612 S. East Ave St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 4th 1903

7-AGE. 22 yrs. 7 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Typist

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER. John De Leon Sullivan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). S. C

12-MAIDEN NAME OF MOTHER. Mary Barnes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md

14-

(Informant) Mal Donahue Mother

(Address) 612 S. East ave

Filed MAY 17 1926 C. HAMPSON JONES, M. D. Registrar

By M. H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 16 1926

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1926 to May 16, 1926

that I last saw her alive on May 15 1926

and that death occurred, on the date stated above, at 12 45 A. M.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis

Bacillus unknown

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace H Tilton M. D.

5/16, 1926 Address 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. May 17 1926

20-UNDERTAKER. Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10659

CERTIFICATE OF DEATH.

56 **E 10659**

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3315 Barclay St. 17-1 Ward)

2-FULL NAME Joseph J. Cantee

(a) RESIDENCE NO. 3315 Barclay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 10 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	3	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Cantee

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Alice Baston

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country)

14 Informant Alice Cantee

(Address) 3315 Barclay St.

Filed MAY 17 1926 HAMPSON JONES, M. D.

Per R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2d, 1926, to May 15, 1926, that I last saw him alive on May 15, 1926, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis and Endocarditis with Anaemia

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) 1 yrs. 2 mos. 1 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of No.

Was there an autopsy? No

What test confirmed diagnosis? Gross Examination

(Signed) Geo. P. Hall, M. D.

, 19 (Address) 4266 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakin Cemetery — Date of Burial: May 17 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10660

CERTIFICATE OF DEATH.

144 E 10660

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital S. Ward) 9-2

2-FULL NAME Lena E. Richardson

(a) RESIDENCE No. Morgan College St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert B Richardson

6 DATE OF BIRTH (month, day, and year): Unknown 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) N. C.

PARENTS

10 NAME OF FATHER Chas. McKnight

11 BIRTHPLACE OF FATHER (city or town):

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) N. C.

14 Informant: Robert B Richardson

(Address) Morgan College

15 Filed ..... 19..... Per ..... Registrar

(CHARLTON JONES, M. D.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 May 14

17

I HEREBY CERTIFY, That I attended deceased from May 13 1926, to May 14, 1926, that I last saw h[illegible] alive on May 14 1926, and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

Abruptio Placentae
Internal Hemmorhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ... yrs. 5 mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Signs

(Signed) George S. Allen, M. D.

May 14 1926 (Address) 504 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial: May 18 1926

20 UNDERTAKER: Wm R. A. Elliott ADDRESS: 1225 Ashland Ave

Spec.—1-1921—M&T—1500 Bks.

E 10661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 10661

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 17-1 WARD)

2-FULL NAME Bernard Gorman

(a) RESIDENCE NO. 1725 Fairmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys

6 DATE OF BIRTH (month, day, and year): Unknown 1896

7 AGE: Years 30; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer - 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind

PARENTS

10 NAME OF FATHER: John Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind

12 MAIDEN NAME OF MOTHER: Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind

14 Informant: Records

(Address)

Filed 1-7 1926 By HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19th, 1926, to May 13th, 1926, that I last saw him alive on May 13th, 1926, and that death occurred, on the date stated above, at 12 30 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Cardiac failure

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walt. T. Allison Jr., M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 15 26

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1725 Fairmount Ave

Cor.—1-12-23—M&T—100 Blks.

E 10662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10662

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Race St. ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thompson.C.

(a) RESIDENCE NO. 1137 Race St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

6a If married, XXXXXXXXXXXX HUSBAND of XXXXXXX Ella Thompson.C

7 DATE OF BIRTH (month, day, and year) Do not know.

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	----	----	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Edna Pulley.(C) niece.

(Address) 1137 Race St.

Filed ..., 192.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

May 18, 1926 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 5/17/26

20 UNDERTAKER Samuel A. Brusley ADDRESS 1128 E. Balto St.

Spec.-1-10-21-M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10663

CERTIFICATE OF DEATH.

34 E 10663

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals,

CITY OF BALTIMORE: (No.) Baltimore, Md. ST. 11-2 WARD)

2-FULL NAME George Wiley,

(a) RESIDENCE No. 348 West Biddle Street ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male,	black,	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wiley

6 DATE OF BIRTH (month, day, and year) 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Wiley,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Records,

(Address) Baltimore City Hospitals

15 Filed APR 7 1926. 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14-26 19

17 I HEREBY CERTIFY, That I attended deceased from 5-7-26, 19, to 5-14-26. 19.

that I last saw h.. alive on 5-14-26, 19.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Rx Far Advanced Pott's disease, Lumbar Vertebra, and Tuberculosis of right hip.

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchic Pneu.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What tests confirmed diagnosis? Clinical and Lab.

(Signed) Thos. P. Chance Jr. M. D.

19 (Address) Baltimore City Hospitals, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	4-17 19 26

20 UNDERTAKER Emma O'Brien ADDRESS 1 Biddle

Spec.—1-10-21—M&T—1500 Bks.

E 10664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10664

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Castle ST. 8-V WARD)

2-FULL NAME Alberta F. Marshall

(a) RESIDENCE NO. 1733 N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 21st 1926

7 AGE: Years — Months: 2 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Geo. H. Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Alice Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Geo. H. Marshall

(Address): 1733 N. Castle St.

Filed MAY 17 1926 HAMPSON JONES, M. D. Registrar

By PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-10, 1926, to 5-15, 1926,

that I last saw h[illegible] alive on 5-15, 1926

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Acute)

(duration) yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Riley, M. D.

, 19 (Address) 1500 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 5/17 1926

20 UNDERTAKER: C. I. Fanning & Son — ADDRESS: 1938 E. Lafayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10665

CERTIFICATE OF DEATH.

Registered No. 28 5124

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 Mallow Hill Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elwin L. Griffith.

(a) Residence No. 2 Mallow Hill Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Favis Griffith.

6-DATE OF BIRTH (month, day and year) Oct 13. 1836.

7-AGE, 89 yrs. 7 mos. ✓ ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Tylers Island Dorchester Co Md.

PARENTS.

10-NAME OF FATHER, Robt. Griffith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Sutton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Wife

(Address) 2 Mallow Hill Ave.

15- Filed T T W C. HAMPSON JONES, M. D. Registrar.

Per R K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 15/26.

17- I HEREBY CERTIFY, That I attended deceased from June 1. 1925, to May 15, 1926

that I last saw him alive on May 14, 1926

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edgar T. Davis, M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Tylers Island. DATE OF BURIAL. May 16. 1926

20-UNDERTAKER Harry H. Ratliffe ADDRESS 1531 N. Fremont Ave.

Spec.—1-10-21—M&T—1500 Blks.

E 10666

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 10666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E Fort ave ST. 24-3 WARD)

2-FULL NAME Ireturk Eardley

(a) RESIDENCE NO. 1505 E Fort Av. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Eardley.

6 DATE OF BIRTH (month, day, and year) April 29, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Lock Insulator Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER John Eardley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Eliza ? Millman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs. Dora King (Mother in law) 1505 E Fort ave.

15 Filed ....., 19 Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 15, 1926, that I last saw him alive on May 15, 1926, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia (Bronchial)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Thos F Stevens, M. D.

5/16 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 5/18 1926

20 UNDERTAKER J. Fenwick Mitchell

ADDRESS 1306 E. Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10667 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10667

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Maryland Hospital ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nina Taymen

(a) RESIDENCE No. 588 West St. Annapolis Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Same~~

6 DATE OF BIRTH (month, day, and year) June 4, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 048

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spencers P. Md.

PARENTS

10 NAME OF FATHER J. W. Taymen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md.

12 MAIDEN NAME OF MOTHER Jane A. Phebbus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Md

14 Informant Friend Hospital (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14 1926 to May 17 1926, that I last saw h alive on May 17 1926, and that death occurred, on the date stated above, at 8 10 a m.

The CAUSE OF DEATH* was as follows:

General Septicemia
Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pelvic Cellulitis Abscess

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) R L Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md — DATE OF BURIAL May 18 1926

20 UNDERTAKER Jas S. Tayle Sons — ADDRESS Annapolis Md

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10668

CERTIFICATE OF DEATH.

100-001 E 10668

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 ST., 7-1 WARD)

2-FULL NAME Baby Sauter

(a) RESIDENCE NO. 1604 Jefferson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years ..... Months 6 wks. Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) (State or country) .....

12 MAIDEN NAME OF MOTHER Ethel Sauter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 7 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th 1926

17

I HEREBY CERTIFY, That I attended deceased from April 12th, 1926, to May 11th, 1926, that I last saw h[illegible] alive on May 11th, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. W. Jacobsen M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL ..... 19..

20 UNDERTAKER ..... ADDRESS .....

JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10669

CERTIFICATE OF DEATH.

12 9 E 10669

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1534 Park Ave ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Brengle Derr

(a) RESIDENCE NO. 1534 Park Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? 78 yrs. 9 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: William Reese Derr

6 DATE OF BIRTH (month, day, and year): Aug-11-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Gittinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fredk. Maryland

12 MAIDEN NAME OF MOTHER: Annie Brengle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredk. Maryland

14 Informant: Miss Willie May Derr-(daughter)
(Address) 1534 Park Ave City.

15 Filed MAY 17 1926 C. HAMPSON JONES, M. D. Registrar Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 4th, 1926, to May 16, 1926, that I last saw h-e alive on May 16th, 1926 and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Examination

(Signed) Saml Brown M. D.

May 16, 1926 (Address) 1837 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick-Maryland — DATE OF BURIAL: May 19, 1926

20 UNDERTAKER: Stewart Mortuary Co — ADDRESS: 108-110-112 W. North

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10670

CERTIFICATE OF DEATH.

74-001

E 10670

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 N. Bentalou Street 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Williams, Sr.

(a) RESIDENCE NO. 1624 N. Bentalou Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Williams

6 DATE OF BIRTH (month, day, and year) August 26, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Armiger, A. A. Co., Md.

PARENTS

10 NAME OF FATHER James E. Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Armiger, A. A. Co., Md.

12 MAIDEN NAME OF MOTHER Elizabeth S.Hall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Marley, Maryland

14 Informant J. Bryan Williams

(Address) 1624 North Bentalou Street

15 Filed 19

Per Registrar

C. HAMPSON JONES, M. D.

17 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1926, to May 14, 1926, that I last saw h.~~im~~ alive on May 14, 1926, and that death occurred, on the date stated above, at 5.40P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBITORY (Secondary) Arterio-sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer U. Todd, M. D.

May 15, 1926 (Address) 735 North Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial May 17, 19 26

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Bals Sr

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10671

E 10671

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Mercy Hospital ST. 13-5 WARD)

2-FULL NAME Jos. O'Brien

(a) RESIDENCE NO. 1627 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A O'Brien

6 DATE OF BIRTH (month, day, and year): Dec 10, 1858

7 AGE — Years: 67 — Months: 5 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Street Car conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: United Rys.

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

10 NAME OF FATHER: George O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minerva Fogel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Miss Minna O'Brien

(Address) 1627 Clifton Ave

Filed MAY 17 1926 19

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-16-1926

17 I HEREBY CERTIFY, That I attended deceased from 5-12-, 1926, to 5-16-, 1926.

that I last saw h[illegible] alive on 5-16-, 1926

and that death occurred, on the date stated above, at 12 A, m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-vascular Disease (Acute-chronic)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. P. Bogard, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: May 19 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10672

CERTIFICATE OF DEATH.

12-4 90

REGISTRATION No. E 10672

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2631 Guilford Ave Ward) 12

2-FULL NAME Maria T McCorkle

(n) RESIDENCE NO. 2631 Guilford Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander R McCorkle

6 DATE OF BIRTH (month, day, and year): July 31 1838

7 AGE: Years 88 | Months 9 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Benj: Taliaferro

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Judith Crawford

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Mrs. R. E. Brooks

(Address) 2631 Guilford Ave

Filed 17 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 15- 26

17

I HEREBY CERTIFY, That I attended deceased from March 25, 19.., to May 14 26, 19..,

that I last saw h.. alive on May 14, 1926,

and that death occurred, on the date stated above, at 6 29 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Generalized Arterio Sclerosis

(duration) ✓ yrs. mos. ds.

Is Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. D. McLean, M. D.

5/17, 1926 (Address) 120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

Date of Burial: May 17 1926

UNDERTAKER: Williamson & Son

ADDRESS: 502 E Fayette St

E McLean 1203 N Charles St

Spec.—12-9-25—A Co.—200 Blks.

Dr Mearns 1076, Barclay 2004 25

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10673

CERTIFICATE OF DEATH.

46 E 10673

1-PLACE OF DEATH

City of BALTIMORE: (No.) 532 East 27th St. St., 9-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua D Faulkner

(a) RESIDENCE NO. 532 East 27th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruben C Faulkner

6 DATE OF BIRTH (month, day, and year): Dec 31, 1853

7 AGE: Years 72 | Months 6 | Days 13 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: John George

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sophia Chanceluma

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Emma E Faulkner

(Address) 532 E 27th St

15 Filed MAY 17 1926 19 C. HAMILTON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1926, to May 14 1926, that I last saw alive on May 13 1926, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. ...mos. ...ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Geo W Hungerford III M. D.

5/17/26 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

Date of Burial: May 17 1926

20 UNDERTAKER: William Cook

ADDRESS: 522 East Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10674 74-001 **E 10674**

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2855 W. North Ave St. 15-9 WARD)

2-FULL NAME Anna Marie Goutrain

(a) RESIDENCE NO. 2855 W. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emil Goutrain

6 DATE OF BIRTH (month, day, and year): Feb. 15-1875

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
51	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Martin Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Wicklein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. Edwin T. Lloyd

(Address): 913 Hanover ave

15 Filed MAY 7 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 15, 1926, that I last saw h alive on May 14, 1926, and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones M. D.

(Address) 4706 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 18 1926

20 UNDERTAKER: Zirkler + Zirkler

ADDRESS: 1739 E Eager st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10675

E 10675

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 N. Caroline St ST. 15-13 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard L Wilson

(Residence in Baltimore: No. 1507 N Caroline St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. May 24, 1865 (Month) (Day) (Year)

7-AGE. 60 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Supt Paper
(b) General nature of industry, business, or establishment in which employed (or employer) Mill

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lizzie E. Wilson

(Address) 1507 N. Caroline St

5-17-1926 C. HAMPSON JONES, M. D.

Filed ....., 191.... Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1926, to May 15 1926, that I saw h[illegible] alive on May 15 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema
Angina Pectoris

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ....yrs. 10 hrs mos. ....ds.

(Signed) R. D. Davis M. D.

May 15, 1926 (Address) 1509 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL. 5.18...., 1926

20-UNDERTAKER George & Ruth ADDRESS 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10676

CERTIFICATE OF DEATH.

74-001

E 10676

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2101 N. Calvert St. St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella N. Winn.

(a) RESIDENCE NO. 2101 N. Calvert St. St. Ward

(Usual place of abode) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick F. Winn

6 DATE OF BIRTH (month, day, and year) December 18th. 1858

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
67	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Elias Manson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Mooney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Annie M. Winn

(Address) 2101 N. Calvert St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per Mon

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 15th. 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 19. 1926 to May 15. 1926.

that I last saw her alive on May 14. 1926

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No What test confirmed diagnosis? Usual signs & symptoms

(Signed) Mary F. Daeglen M. D.

5.16. 1926 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

Date of Burial 5/18 19 26

20 UNDERTAKER Chas. F. Frazer & Son

ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10677.

CERTIFICATE OF DEATH.

90 E 10677

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Beech ST. 13-4 WARD)

2-FULL NAME William P. Dowdy

(a) RESIDENCE NO. 3303 Beech ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lina Dowdy

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 52 years; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipefitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: James Dowdy

11 BIRTHPLACE OF FATHER (city or town) (State or country): NY

12 MAIDEN NAME OF MOTHER: Clara Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): NY

14 Informant: Lina Dowdy

(Address): 3303 Beech St.

15 1926

C. HAMPSON JONES, M. D. Registrar

Per RHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/7, 1926, to 5/17, 1926

that I last saw him alive on 5/17, 1926

and that death occurred, on the date stated above, at 8:10 a. m.

The CAUSE OF DEATH* was as follows:

Ch. valvular heart disease

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary): Angina Pectoris (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

5/17, 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fallsmore Md. DATE OF BURIAL: May 17, 1926

20 UNDERTAKER: Chenoweth & Son ADDRESS: 3617 Chestnut St.

Spec.—1-12-23—M&T—500 Bks.

E 10678 HEALTH DEPARTMENT—CITY OF BALTIMORE D 10678

CERTIFICATE OF DEATH. + 111-0

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11 W WARD)

2-FULL NAME James Walker

(a) RESIDENCE NO. Spanows point ST. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 months ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ##

6 DATE OF BIRTH (month, day, and year) June 12 1900

7 AGE: Years 25 Months 11 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blast furnace

(b) General nature of industry, business, or establishment in which employed (or employer) Labor. H&O

(c) Name of employer Bethlehem Steel Co.,

9 BIRTHPLACE (city or town) (State or country) Elam. Va.

PARENTS

10 NAME OF FATHER Dennis Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elam Va.

12 MAIDEN NAME OF MOTHER Ada Woodson 5-16-26

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elam Va.

14 Informant O. Walker, (Brother)

(Address) Konah Va

15 Filed 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per ###

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16-1926

17 I HEREBY CERTIFY, That I attended deceased from 5-3-, 1926, to 5-16-, 1926, that I last saw h/~~him~~ alive on 5-16, 1926 and that death occurred, on the date stated above, at 3 a - m.

The CAUSE OF DEATH* was as follows:

Ruptured duodenal ulcer & General peritonitis

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5-3-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Jackson, M. D.

(Address) 805 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elam Va

DATE OF BURIAL MAY 17 1926

UNDERTAKER John F Denny

ADDRESS 715 Lig Ogs

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2412 Dillon St. 76-5 (WARD) 100-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Lena Lorden

(a) RESIDENCE. No. 2412 Dillon ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): June 16th 1925

7 AGE — Years: — Months: 11 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: John Lorden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Elsie Ehmke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant: Mr John Lorden

(Address): 2412 Dillon St.

Filed: 1926 C. HAMPSON JONES, M. D. Registrar

Per: ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7th 1926, to May 16th 1926, that I last saw h[er] alive on May 16th 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Cap. Mary Bronchitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Lown, M. D.

May 17, 1926 (Address) 1401 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: May 18 1926

20 UNDERTAKER: Peter Nicolaus

ADDRESS: 2923 Eastern Ave

Spec.—1-19-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10680 10-001 **E 10680**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No.) 937 (St.) Mulberry (WARD) 18-1

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Parks-Simms

(a) RESIDENCE NO. 937 (ST.) Mulberry (WARD) .....
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Parks

6 DATE OF BIRTH (month, day, and year): March 16/883

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Emma White
(Address): 937 Mulberry

1926 C. HAMPSON JONES, M. D. Registrar
Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Apl 26, 1926, to May 16, 1926, that I last saw her alive on May 16, 1926, and that death occurred, on the date stated above, at 11 25 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia complicated with Interstitial Nephritis
(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) Coma
(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustus Johnson, M. D.

, 19 (Address) 26 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — DATE OF BURIAL: May 18/1926

20 UNDERTAKER: Denn Easton — ADDRESS: 916 E Balto

TO WHOM IT MAY CONCERN

#10680

STATE OF MARYLAND, CITY OF BALTIMORE, TO WIT:

On this 22 day of November, in the year one thousar nine hundred and twenty-nine, personally appeared Sarah E. Russell, residing at Baltimore, Maryland, and Armeta White, residing at Baltimore, Maryland, who being sworn according to law, depose and say as follows:

That they are both daughters of Trecey Parks Simms who for some years resided at No. 937 West Mulberry Street, in the City of Baltimore, State of Maryland; that the said Trecey Parks Simms was married to one Wallace Simms in Calvert County, Maryland, from whom she had been separated for a number of year prior to her death; that prior to her marriage with Wallace Simms she had been married to one Joseph Parks; that after her separation from the said Wallace Simms she was known to and called by some of her friends and relatives as Trecey Parks and by others as Trecey Parks Simms; that on May 16th, 1926, said Tre Parks Simms departed this life at her residence in Baltimore, and during her last illness was attended professionally by Dr. Gust Goldman, No. 656 West Franklin Street, Baltimore, Maryland, and that the undertaker in charge of her interment was Daniel Easto No. 916 Pennsylvania Avenue, Baltimore, Maryland; that at the time said undertaker requested the information of the said Arme White for the purpose of filling out the death certificate of t said Trecey Parks Simms, the said Armeta White gave the name of her mother to the said Daniel Easton as Trecey Parks, and that said death certificate upon information furnished to the Bureau of Vital Statistics at Baltimore was issued in the name of Trec Parks.

That the affiants allege and declare that their moti the said Trecey Parks Simms, whose name appears on the death

10680

certificate in the Bureau of Vital Statistics at Baltimore as Trecey Parks, are one and the same person; that it was an error on the part of the said Armeta White in giving the name of her mother to the said Daniel Easton, and the affiants desire that the records of the Bureau of Vital Statistics at Baltimore be corrected, and that the name of their mother shall appear among said records henceforth as Trecey Parks Simms.

Witness as to both signatures
Eben F. Perkins 3rd.

Sarah E. Russell

Armeta White

SUBSCRIBED AND SWORN to before me this 22 day of November, 1929.

Eben F. Perkins
Notary Public.

E 10681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10681

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. Quarry Hole at Gwynns Falls & Ellicott Dr. Gateway 187

Registered No. C.....

City of BALTIMORE: (No. Gwynns Falls & Ellicott Dr. St., Gateway Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mahone

(Residence in Baltimore: No. 213 N. Bruce St; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colo

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. July (Month) 15 (Day) 1916 (Year)

7-AGE. 9 yrs. 10 mos. —ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Supposed to be Laurence Mahone

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Laura Noakes

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Johnson

(Address) 1113 N. Wolfe St

15- Filed ..... 192.. Per ..... Registrar.

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by Inquest and Inquest and find that said deceased came to Accidental death (Autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. D. Norton M. D. (Coroner.)

May 17 1926 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Stone Run Cem	May 18 1926
20-UNDERTAKER.	ADDRESS
Hamm Earley	916 Bruce

7 1926

Spec.—1-12-23—M&T—500 Bks.

(Carter)

E 10682 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10682

CERTIFICATE OF DEATH.

11-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 W Lanvale ST., 19-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Alfred Carter

(a) RESIDENCE NO. 1604 W. Lanvale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? 53 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer

BIRTHPLACE (city or town) ..... (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

Informant James A. Tilghman

(Address) 1606 W. Lanvale

1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to May 15, 1926.

that I last saw him alive on May 14, 1926

and that death occurred, on the date stated above, at 5.20 A. p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 3 mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination Sputum

(Signed) Charles O'Donovan, M. D.

May 15 1926 (Address) 712 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 18 1926

20 UNDERTAKER: Wm Easton — ADDRESS: Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10683 E 10683

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 S. Ellwood Avenue St., 1-4 WARD)

2-FULL NAME Peter . Piniecki

(a) RESIDENCE NO. 607 S. Ellwood Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary . Piniecki

6 DATE OF BIRTH (month, day, and year) June 1 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B.O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER James. Piniecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine. Walkowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary . Piniecki

(Address) 607 S. Ellwood Avenue

15 5 7 1926 C. HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/13/26 19

17 I HEREBY CERTIFY, That I attended deceased from April 26 19 to May 12 19 26.

that I last saw h alive on May 12 19 26.

and that death occurred, on the date stated above at 1 P m.

The CAUSE OF DEATH was as follows:

a cute Pharyngitis Streptococcus

Hyperpyrexia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Ed Rayner M. D.

5-11 19 26 (Address) 600 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May. 19 26

20 UNDERTAKER: John McAleer ADDRESS: 1803 Bank St.

Spec.—1-10-21—M&T—1500 Bks.

E 10684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10684

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2927 Hudson Street (St.) 1-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William. Bogucki

(a) RESIDENCE NO. 2927 Hudson Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 6. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant John. Bogucki

(Address) 2927 Hudson Street

15 5/17/1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/15/26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5 1926 to May 15 1926.

that I last saw above on " 3 1926.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Valvular Dis. Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chas. H. Jones, M. D.

5/17/26 (Address) 40 E Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. May 18

DATE OF BURIAL: 1926

20 UNDERTAKER: John M. Weber

ADDRESS: 1803 Bank St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10685 — 90 — E 10685

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2101 St. Paul St. 12-5 Ward)

2-FULL NAME Harry W. Adams

(a) RESIDENCE NO. 2101 St. Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Adams

6 DATE OF BIRTH (month, day, and year) Feb. 5. 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer International Co

9 BIRTHPLACE (city or town)

(State or country) Georgia Ill

PARENTS

10 NAME OF FATHER William Adams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Laura L. Adams

(Address) 2101 St Paul St

Filed C. HAMPSON JONES, M. D.

MAY 7 1926 Per A. K. B. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and autopsy, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Morrison M. D.

5/17 1926 (Address) 532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill, Towson Date of Burial May 18 1926

20 UNDERTAKER William Cook ADDRESS 502 E. Northern

Spec.—12-9-25—A Co.—200 Bks.

Dr Mather 15-05 N 13 way

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10686

47 E 10686

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

City of BALTIMORE: (No. 1804 N Aisquith St., 9-6 Ward)

2-FULL NAME Mary H Hafele

(a) RESIDENCE NO. 1804 N Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George H. Hafele

6 DATE OF BIRTH (month, day, and year): July 12. 1877

7 AGE: Years 49 (48) Months 10 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: William Mitchell

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Missouri De Groff

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Mrs Anna B Brunemon

(Address): Elkton Cecil Co Md

C. HARRISON JONES, M. D.

15 [illegible] 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-1 1926, to 5/16 1926,

that I last saw h[illegible] alive on 5/16 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

If Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of 3/3 26

Was there an autopsy? No

What test confirmed diagnosis? Tubercle found

(Signed) David Riggs, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: May 19 1926

20 UNDERTAKER: W M Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10687

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Harford Road ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna. Hoch.

(a) RESIDENCE NO. 604 Harford Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Frank Hoch.

6 DATE OF BIRTH (month, day, and year): Jan 9. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Conrad Dunker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Dutner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Philip Hoch (Address) 604 Harford Rd

15 Filed: C. HAMPSON JONES, Registrar. For RKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to May 14, 1926, that I last saw h alive on May 14, 1926, and that death occurred, on the date stated above, at 10 40 p m.

The CAUSE OF DEATH* was as follows:

Hypertension - arteriosclerosis

Uraemic Coma. 4 days.

Myocarditis.

(duration) 7 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None (anon)

(Signed) Thos H Stevens, M. D.

5/16, 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 16 1926

20 UNDERTAKER: Kendall Dyer & Son — ADDRESS: 578 N

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10688 185 E 10688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St., 1-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Irene Greaver

(a) RESIDENCE NO. 2104 Portugual St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX

6 DATE OF BIRTH (month, day, and year) Apr 8/1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	2	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.Md.

PARENTS

10 NAME OF FATHER Frederick Greaver

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.Md

12 MAIDEN NAME OF MOTHER Mary Xylander

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.Md

14 Informant Frederick Greaver

(Address) 2104 Portugual St

1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis- Infection thru left eye socket (Route canthus) fell on board with nail in it. (accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Hoffman M. D.

(Coroner)

5/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Date of Burial May 18 1926

20 UNDERTAKER Wendell Offelson ADDRESS 3781

E 10689 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10689

CERTIFICATE OF DEATH. Registered No. C 40

1-PLACE OF DEATH

City of BALTIMORE: (No. 1217 S. Carey St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion B Sykes

(Residence in Baltimore: No. 1217 South Carey St St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W.	Single

6-DATE OF BIRTH. June (Month) 6 (Day) 1901 (Year)

7-AGE. 24 yrs. 11 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinman
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co.

9-BIRTHPLACE. (State or Country): N. C

PARENTS.

10-NAME OF FATHER. John H Sykes

11-BIRTHPLACE OF FATHER. (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Elizabeth Salina

13-BIRTHPLACE OF MOTHER. (State or Country). N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bryant Sykes

(Address) 1217 So. Carey St

15- Filed MAY 18 1926 192 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 17 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Thos B. Horton M. D. Coroner

May 17 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence. North Carolina

19-PLACE OF BURIAL OR REMOVAL. Metone, N.C DATE OF BURIAL. May 18 1926

20-UNDERTAKER. William Cook ADDRESS 502 E Monument

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 10690

CERTIFICATE OF DEATH.

90 E 10690

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813 Little Walsh St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Foy

(a) Residence No. 1813 Little Walsh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Foy

6-DATE OF BIRTH (month, day and year) abt 1874

7-AGE, 52 yrs. — mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer). O'Donnell

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS

10-NAME OF FATHER, Mayley Foy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Priscilla Locke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mary Foy

(Address) 1813 Little Walsh St

15- Filed, 19 Registrar.

C. THOMPSON JONES, M. D.

APR 8 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-15-26

17- I HEREBY CERTIFY, That I attended deceased from April 24, 19 26, to May 15, 19 26

that I last saw h alive on May 15, 19 26

and that death occurred, on the date stated above, at 4 15 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secundary) Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. A Crooks M. D.

19 (Address) 615 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL, May 18, 19 26

20-UNDERTAKER, John H. Toadvine — ADDRESS 1021 Hanover

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10691

E 10691

CERTIFICATE OF DEATH.

1135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 Little Monument St. 11-2 Ward)

2-FULL NAME Isaac Gibson.

(a) RESIDENCE NO. 707 Little Monument St. Ward 2 1 3

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 20, 1924

7 AGE: Years 1 Months 9 Days 27

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond

(State or country) Balto.

PARENTS

10 NAME OF FATHER Howard Gibson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Missouri Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond Va

14 Informant Howard Gibson

(Address) 707 Little Monument St

Filed MAY 18 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) none or other Causes

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Jones, M. D. (Coroner)

(Address) 502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: May 18 1926

20 UNDERTAKER: John H. Trachsel ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Rks.

Briscoe

HEALTH DEPARTMENT—CITY OF BALTIMORE

10692

CERTIFICATE OF DEATH.

139 E 10692

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore Co. Hk-2 WARD)

2-FULL NAME Mary Briscoe

(a) RESIDENCE NO. 1801 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Unknown 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Sherman Briscoe

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Minskey

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Sherman Briscoe

(Address) 1801 Madison Ave

MAY 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-22, 1926, to 5-14, 1926,

that I last saw h[e] alive on 5-14, 1926,

and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Uterus fibroid

Pelvic abscess

? (duration) yrs. mos ds.

CONTRIBUTORY Pulmonary embolism 3 hrs.
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 4-26-26

Was there an autopsy? Yes 5-7-26

What test confirmed diagnosis? Operation

(Signed) J. Whitridge, M. D.

, 19 (Address) W. P. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL May 18 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1121 Lexington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10693

CERTIFICATE OF DEATH.

74-001

E 10693

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1210 N. Parrish ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Kager

(a) RESIDENCE NO. 1210 Parrish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Kager

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
about	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod Carrier 03

(b) General nature of industry, business, or establishment in which employed (or employer): Construction

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): Laurel Md

PARENTS

10 NAME OF FATHER: Bill Kager

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs. Florence Kager

(Address) 162 Paradise St.

15 Filed 1-8 1926 19 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11th, 1926, to May 14th 1926.

that I last saw h[e] alive on May 14th 1926

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. Bell M. D.

19 (Address) 712 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery

DATE OF BURIAL: may 18 1926

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10694

CERTIFICATE OF DEATH.

31 ✓ E 10694

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 8-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Blackwell

(a) RESIDENCE NO. 1113 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX x

6 DATE OF BIRTH (month, day, and year) Jan 9/1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Blackwell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Marry Matt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Mary Blackwell

(Address) 1113 N. Dallas St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

May 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cotter M. D.

(Coroner)

5/13/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial May 18 19 26

20 UNDERTAKER Thos J. G. Locks ADDRESS 1302 Jefferson

R.K.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10695

188-603

CERTIFICATE OF DEATH.

E 10695

Registered No. C ...

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Eliza D. Fuzzell w Fuzzl

(Residence in Baltimore: No. 1641 N Lafayette Ave St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

6-DATE OF BIRTH: Don't Know (Month) (Day) (Year)

7-AGE: about 67 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: William Fuzzell

11-BIRTHPLACE OF FATHER, (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Gaile

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ferdinand Dick

(Address) Lonallwood Md

15-Filed MAY 18 1926 (Signature) C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 16th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull caused by auto driven by S. Hardtman accidental

1 day (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 17 1926 (Address) 1639 Bruce

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Salem Cem. Condl Co 5-20th 1926

20-UNDERTAKER. ADDRESS
C & C Harle 115 E West St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10696 (1-PLACE OF DEATH)

E 10696 (REGISTERED NO.)

City of BALTIMORE: (No. South Balto Genl Hosp. Ward 24-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Brannock. Brannock

(a) RESIDENCE NO. Morris Hill. A. A. Co. Md. Ward 24-1 4 days.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) June 23. 1922

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	3	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland.

(State or country)

PARENTS

10 NAME OF FATHER Carroll Brannock.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emma Summers.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Carroll. Brannock

(Address) Morris Hill. A A Co.

Filed MAY 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 17 '26.

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to May 17, 1926, that I last saw h[illegible] alive on May 17, 1926 and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis. and Septicaemia - (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis.. (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? - at home -

Did an operation precede death? No Date of none.

Was there an autopsy? none.

What test confirmed diagnosis? Fibrin staining.

(Signed) James W. Nelson., M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill. Date of Burial 5-20 1926

20 UNDERTAKER Ehlen Hahn ADDRESS 115 E Lexington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10697

CERTIFICATE OF DEATH. X 133 E 10697

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alex Custard

(a) RESIDENCE NO. Meadow, Mich. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired MD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North East, Pa.

PARENTS

10 NAME OF FATHER Benjamin Custard

11 BIRTHPLACE OF FATHER (city or town) North East Pa
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Polly Wallace

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.
MAY 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to May 17, 1926, that I last saw him alive on May 17, 1926, and that death occurred, on the date stated above, at 7 A. M. P. M.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 2/ Diverticula bladder.

(duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death?

Did operation precede death? Yes Date of May 13, 1926

Was an autopsy? No

What confirmed diagnosis? Operation.

(Signed) W. W. Scott, M. D.

(Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Meadow Mich — DATE OF BURIAL 5/18/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10698

CERTIFICATE OF DEATH.

90 E 10698

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 20-5 WARD)

2-FULL NAME Dora Lieberman

(a) RESIDENCE NO. 2017 Eagle ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Liebermann

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Boreh Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Jennie Liebermann

(Address) 2017 Eagle St

15 Filed MAY 18 1926 C. HARRISON JONES, M. D. Registrar

by R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to May 17, 1926,

that I last saw h e alive on May 17, 1926,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Louis Gudeon, M. D.

, 19 (Address) Newton Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

DATE OF BURIAL 5/18 1926

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

Spec.—1-10-21—M&T—1800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

10699

CERTIFICATE OF DEATH.

E 10699

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ ST., 12-5 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Gilf

(a) RESIDENCE NO. 2030 Maryland Ave ST., ____ WARD ____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 70yrs(?) | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Long Island, N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Baltimore City Hospitals Records

15 MAY 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to May 14 1926, that I last saw her alive on May 14 1926, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) W. Lindsay Miller M. D.

5/16/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 5/19 1926

20 UNDERTAKER Robert F. Duffy Sons

ADDRESS 36 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10700

46 E 10700

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 912 N Broadway ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Johnson

(a) RESIDENCE NO. 912 N Bdway ST., WARD 4

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leo N Johnson

6 DATE OF BIRTH (month, day, and year) 6/2/58

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Coals City

PARENTS

10 NAME OF FATHER Thos. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co

12 MAIDEN NAME OF MOTHER Sara E. Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Coals City

14 Informant Helen Johnson

(Address) 912 N Broadway

15 Filed MAY 18 1926, 19 Registrar P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/26 19

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to May 16, 1926,

that I last saw her alive on May 16, 1926,

and that death occurred, on the date stated above, at 4 15 P m.

The CAUSE OF DEATH* was as follows:

Cancer of cervix

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alf A Legg, M. D.

(Address) 919 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL May 19 1926

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10701

CERTIFICATE OF DEATH.

75-001

E 10701

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Apts ST., 12-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cator Sanderson

(a) RESIDENCE NO. Homewood Apts ST., 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 83 yrs. 11 mos. 16 dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. Cook Sanderson

6 DATE OF BIRTH (month, day, and year) May-30-1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Benj. Cator

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Louisa Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Mrs R.F. Booze (daughter)
(Address) Homewood Apts City.

15 Filed [illegible] 19 [illegible] C. HAMPSON JONES, M.D.
Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1926, to May 16, 1926, that I last saw her alive on May 15, 1926, and that death occurred, on the date stated above, at 8.10 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Left side

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 5 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Clarke M. D.

May 17, 1926 (Address) Latrobe Apts. Charles & 31st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL May-18 1926

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Cor.—12-9-25—A Co.—200 Bks.

E 10702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10702

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha O. Smith.(C)

(a) RESIDENCE NO. Pasadena, A.A.Co.Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ---yrs.---mos. 14 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	Colored	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 22, 1925.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pasadena, A.A.Co.Md.

PARENTS

10 NAME OF FATHER William Smith.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Glen Burnie A.A.Co.Md

12 MAIDEN NAME OF MOTHER Grace Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pasadena, A.A.Co.Md.

14 Informant Grace Smith.(C) mother.

(Address) Pasadena, A.A.Co.Md.

15 Filed ..... 19 .....

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental scalds about the face and back due to falling in a tub of hot water.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

5/17 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Pasadena, A.A.Co.Md. May 15, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Magathy Cemetery May 17 26

20 UNDERTAKER ADDRESS

Mrs. R.G. Elliott Arlington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10703

CERTIFICATE OF DEATH.

1926 E 10703

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 7-1 WARD)

2-FULL NAME Mrs. Caroline Rosteck

(a) RESIDENCE NO. 261 S. Ann St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? 12 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Rosteck

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony Sobol.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Barbara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Peter Rosteck

(Address) 261 S. Ann St.

15 Filed MAY 18 1926 Per C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-6, 1926, to 5-16, 1926, that I last saw h alive on 5-16, 1926, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Hysteria
Following Abortion
(Self induced).

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Second. Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 5-12-26

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Frances T. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem., DATE OF BURIAL May 20 1926.

20 UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10704 — 101-001

CERTIFICATE OF DEATH.

E 10704 REGISTERED NO. C

1-PLACE OF DEATH 1614 N Calhoun St.

CITY OF BALTIMORE: (No. Balto Md ST. 15-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon. J. White

(Residence in Baltimore: No. 1614 Calhoun St St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 27 (Month) (Day), 1925 (Year)

7-AGE, yrs. 6 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): Child.

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Charles white

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Grace Bailey.

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles white

(Address) 1614 N. Calhoun St

15. Filed 5 18 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 — 15 — (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-15 1926 to 5-15 1926 that I saw h alive on 5/15 1926 and that death occurred, on the date stated above, at 9:10 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Coed

(Duration) yrs. mos. 5 ds.

(Signed) [illegible] M. D.

, 191... (Address) 1618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion Cemtery — DATE OF BURIAL, May 18, 1926

20-UNDERTAKER Wm. H. Dennis & Son — ADDRESS 139 Fristman St

Spec.—1-10-21—M&T—1500 Blks.

10705

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 10705

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Forrest St., Ave. Hamilton WARD) 7-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Hartmann

(a) RESIDENCE No. 32 Forrest St., Ave. Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hartmann

6 DATE OF BIRTH (month, day, and year): Jan. 14, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Christopher Schwindorf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Wick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Annie Myers

(Address): 2019 Bank St.

15 Filed MAY 8 1926, 19.. C. HAMPSON JONES, M. D. Registrar

by P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/15 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-14, 1926, to 5-15, 1926, that I last saw her alive on 5/15, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

from history, several years.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. 9 hours mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. M. Bacon M. D.

5/15, 1926 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: May 18 1926

20 UNDERTAKER: Wm. E. Miller & Son — ADDRESS: 2328 Jefferson

Spec. 0-10-26 — M&T — 1500 Blks.

Grewster

9998

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10706 — CERTIFICATE OF DEATH. — E 10706

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Geo. E. Grewster

(a) RESIDENCE NO. 718 N. Duncan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Edward Grewster

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 18 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1926, to May 17th, 1926, that I last saw h alive on May 17th, 1926, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute Lobar (Primary)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? (autopsy)

(Signed) Alex Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL May 19 1926

UNDERTAKER Jno E Miller Sr — ADDRESS 2334 Jeffer[illegible]

Spec.—1-1921—M&T—1500 Bks.

90 310

E 10707

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 E 10707

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 731 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Pendleton

(a) RESIDENCE No. 915 Seahurhale ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 11 Months ..... Days ..... If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country) .....

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (' '
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Brown

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Records
(Address) .....

Filed MAY 8 1926 C. HAMPSON JONES, M. D.
Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 25th, 1926, to May 14th, 1926, that I last saw h[illegible] alive on May 14th 1926, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

about 2 1/2 mo. (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Pneumonia

(Signed) Alexander deH. Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 5/10 1926

20 UNDERTAKER Walter R. Spriggs

ADDRESS [illegible] Saratoga St.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10708 E 10708

CERTIFICATE OF DEATH.

Registered No. 124

1-PLACE OF DEATH

City of BALTIMORE: (No. 1911 Brunt St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Jane Hines

(a) Residence No. 1911 Brunt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of George Henry Hines

6-DATE OF BIRTH (month, day and year) Oct 1868

7-AGE. 57 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer) Washing & Ironing

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country). Essex Co. Va

PARENTS

10-NAME OF FATHER, Walker Henry Holmes

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Essex Co Va

12-MAIDEN NAME OF MOTHER, Kate Tunstall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Essex Co. Va

14-

(Informant) Elija K. Hines

(Address) 1911 Brunt St

15-

Filed ... 193..

C. HAMPSON JONES, M. D.

Registrar.

MAY 18 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 14 1926

17- I HEREBY CERTIFY, That I attended deceased from April 27 1926 to May 14 1926

that I last saw h[illegible] alive on May 14 1926

and that death occurred, on the date stated above, at 9.15 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation & Hypertrophy

(Duration) 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thos H Wegeforth M. D.

May 15 1926 (Address) 120 W Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn Cem.	May 18 1926
20-UNDERTAKER	ADDRESS
Mrs R.A. Elliott	1725 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-4 129

E 10709
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Riggs Ave. ST. WARD)

2-FULL NAME Peter George Gibney,

(a) RESIDENCE NO. 1928 Riggs Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Mary E. Gibney,

6 DATE OF BIRTH (month, day, and year) October 13.1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
68	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 62

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Luke Gibney,

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Mary L. Dobson,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Mary E. Gibney (Address) 1928 Riggs Ave

Filed 1 8 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 25 to May 16 26

That I last saw him alive on May 16 26

and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis
Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ter Endo

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Guy D Wilson, M. D.

5/18, 1926 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: New Cathedral — DATE OF BURIAL: MAY 20 1926

20 UNDERTAKER: Geo W Little — ADDRESS: 2708 EDMONDSON AVE

Spec.—12-9-25—A Co.—200 Blks.

Dr Chas Schaefer 533 Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 10710

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 10710

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1704 Greenmount Ave St. 12-6 Ward)

2-FULL NAME Annie M Deal

(a) RESIDENCE NO. 1704 Greenmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Deal

6 DATE OF BIRTH (month, day and year): July 31, 1858

7 AGE — Years: 67 — Months: 9 — Days: 16 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: Randolph Bernard

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mariah Traine

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

PARENTS

14 Informant: Andrew A Deal

(Address) 1704 Greenmount Ave

15 Filed ..... 19..... Registrar

For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to May 17, 1926, that I last saw h&r alive on May 17, 1926, and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of the Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Schaefer M. D.

19 (Address) 533 S. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — Date of Burial: May 20 1926

20 UNDERTAKER: William Cook — ADDRESS: 512 Hartford

JUN 8 1926 C. HAMPSON JONES M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10711

CERTIFICATE OF DEATH.

114 E 10711

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2526 E Pratt ST. 70-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minna Mahrenholz

(a) RESIDENCE NO. 2526 E Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ludwig E Mahrenholz

6 DATE OF BIRTH (month, day, and year): May 22 1847

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
78 79	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Leo H Mahrenholz

(Address) 2526 E Pratt St

FILED MAY 18 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 5, 1926, to May 17, 1926, that I last saw h[illegible] alive on May 17, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Colitis

(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed) Ignatz Dill M. D.

5/18, 1926 (Address) 1509 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 20 1926

20 UNDERTAKER: Wilhamb[illegible] & Nor[illegible] — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10712

CERTIFICATE OF DEATH

E 10712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. 124 E ST., 1 WARD)

2-FULL NAME Wm. Woods

(a) RESIDENCE NO. 515 Fulton St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Woods

6 DATE OF BIRTH (month, day, and year) Feb 20 1851

7 AGE Years 75 Months 2 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm. Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Frances Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Eugene F. Woods (Address) 51 S. Fulton Ave

15 Filed MAY 19 1926 Registrar C. HAMPSON JONES, M.D. Per L.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926 to May 16, 1926 that I last saw h alive on May 16, 1926 and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Cathcart M.D.

May 16, 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL May 20 1926

UNDERTAKER F. D. Hepplet ADDRESS 150 N. Bond St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19713

CERTIFICATE OF DEATH.

199 E 19713
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hicks

(a) RESIDENCE NO. 1632 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing Contracting
(c) Name of employer Firm

9 BIRTHPLACE (city or town) Chicago
(State or country)

PARENTS

10 NAME OF FATHER Hicks

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Parietal Bone
Retraction of Tongue
Homicide

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Hemorrhage from

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hamilton M. D.
(Coroner)

5/7, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

MAY 8 1926 — JAMESON JONES M. D. — REGISTRAR OF VITAL STATISTICS — STATE OF MARYLAND — MAY 10 1926

Cor.—12-9-25—A Co.—200 Bks.

E 10714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10714

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

City of BALTIMORE: (No Baker & Whitley Coal Circ 3-4 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. ? ? ? St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 60 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

Filed MAY 18 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

(duration) Immediate ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Pembroke M. D. (Coroner)

5/10 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10715

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 10715

CITY OF BALTIMORE: (No 95 & 97 Ares Fairfield St. 25-9 WARD)

REGISTERED NO. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hillery.

(a) RESIDENCE NO. 95 & 97 Ave. Fairfield WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 30 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairfield Md.

PARENTS

10 NAME OF FATHER Arthur Hillery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Goss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant

(Address)

15 Filed MAY 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to May 15, 1926, that I last saw him alive on May 15, 1926 and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Accident of Pregnancy - Eclampsia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Atelectasis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James S. Marston M. D.

5-16 1926 (Address) 1203 N. Charles.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

HAMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10716 E 10716

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2523 E. Monument St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Shutz

(a) Residence No. 2523 E. Monument St., 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Estate Wm Shutz

6-DATE OF BIRTH (month, day and year) June 5th 1850

7-AGE: 75 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

10-NAME OF FATHER: Frederick Otto

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant): Arlee Shutz Son

(Address): 2523 E. Monument St

15-Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per DK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 15, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to May 15, 1926

that I last saw h. ~~ex~~ alive on May 15, 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Decompensation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arterio Sclerosis

(Duration) unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

May 16 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Ho of Redeemer Cem — DATE OF BURIAL: May 19, 1926

20-UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10717

CERTIFICATE OF DEATH.

12 E 10717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 15-1 ST. WARD)

2-FULL NAME William H. Smoot

(a) RESIDENCE No. 4011 Fernhill Ave. ST., WARD

(Usual place of abode) West Arlington (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (HUSBAND of or) WIFE of: Clara R. Smoot

DATE OF BIRTH (month, day, and year): Nov. 26-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mfgr

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Carolene Co Md.

10 NAME OF FATHER: Richard Smoot

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ella Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mrs. Clara R. Smoot

(Address) 4011 Fernhill Ave

C. HAMPSON JONES, M. D.

Filed 8 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to May 16, 1926, that I last saw him alive on May 16, 1926, and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

Arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Hematemesis - 8 ds ago.

Bronchopneumonia yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: May 19 1926

20 UNDERTAKER: Wm J. Tucker & Sons

ADDRESS: U. & Pa

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10718

CERTIFICATE OF DEATH.

31 E 10718

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 N. Ellwood Ave. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Dashner

(a) RESIDENCE NO. 200 N. Ellwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dashner

6 DATE OF BIRTH (month, day, and year): Feb. 3rd. 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Henry Bernhardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Sallie Icefeldt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

Informant: Miss Julia Bernhardt

(Address): 200 N. Ellwood Ave.

Filed 8 1926, 19

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16, 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 16, 19 to May 16, 19 26.

that I last saw her alive on May 8, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchitis. Tubercular.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont know.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chest

(Signed) J. K. Mortimer, M. D.

, 19 (Address) 2558 Saint P.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery.

DATE OF BURIAL: 5/19 1926.

20 UNDERTAKER: Chas. H. Grau & Son

ADDRESS: 1810 W. Lanvale

Spec. 1-10-26 M&T 1500 Bks.

E 10719

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10719

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Linderman

(a) RESIDENCE NO. 2519 Fait av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE: Years 38 yr; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Adam Linderman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kate —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Baltimore City Hospitals Records

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 16, 1926, that I last saw him alive on May 16, 1926, and that death occurred, on the date stated above, at 12:30A m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) A Lindsay Miller M. D.

5/17/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: May 18th 1926

20 UNDERTAKER: Lilly & Zeile ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10720 | CERTIFICATE OF DEATH. | E 10720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (St.) 10-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miriam Hall

(a) RESIDENCE NO. 811 Willow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W Hebe

5 Single, Married, Widowed, or Divorced. (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): June 2 1922

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	11	14 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Wm. C. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Ella Hirle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

PARENTS

14 Informant: Mrs Ella Hall

(Address): 811 Willow St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 16, 1926, that I last saw h alive on May 16, 1926, and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of April 27, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs & Operative Findings

(Signed) [signature] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: May 18 1926

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E Eager St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10721

CERTIFICATE OF DEATH.

117

E 10721

1-PLACE OF DEATH Maryland Gen'l Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Madison Ave. WARD) 16-1

2-FULL NAME Joseph Wisniewski

(a) RESIDENCE NO. 2085 Patterson Pk Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine Wisniewska

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 57; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): D & D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Wisniewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Tadeusz Wisniewski — son

(Address)

15 Filed 3 1926 Per North

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17-26

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to May 17, 1926, that I last saw him alive on May 11, 1926, and that death occurred, on the date stated above, at 1:20 P m

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

General Peritonitis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? @ home

Did an operation precede death? Yes Date of May 7

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright, M. D.

, 19 (Address) 1 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary DATE OF BURIAL May 21 1926

20 UNDERTAKER: F. H. Ozazewski ADDRESS 1130 Eastern Ave

Spec.–1-10-21–M&T–1500 Bks.

E 10722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10722

1-PLACE OF DEATH Baltimore City Hospitals No. 1 REGISTERED NO.

CITY OF BALTIMORE: (No. Zachary Maryland St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Spencer Anderson

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where enumerated yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE: Years 83 years. Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) 0110

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records Baltimore City Hospitals

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per LRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1926

17 I saw deceased on 7-3- 1918, to May 15 1926, that I last saw him alive on May 15 1926, and that death occurred, on the date stated above, at 5 50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Cystitis (Primary)

Chr. Benign Prostatic Hypertrophy (duration) days.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What confirmed diagnosis? Special Lab Test

(Signed) Jas. Lloyd, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAY 18 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10723 E 10723

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH University Hospital REGISTERED NO. 15-13

CITY OF BALTIMORE: (No. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerst, Isabelle

(a) RESIDENCE NO. 1612 Eastwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 39 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~David Evans~~ Virginia

10 NAME OF FATHER: David Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mildred Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: University Hospital

(Address) Lombard & Greene Sts.

15 MAY 18 1926 C. HAMPSON JONES, M. D. Registrar

Per WDH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1926, to May 6, 1926, that I last saw her alive on May 6, 1926, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease.
Acute Dilitation of Heart.

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Exam.

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 10724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10724

CERTIFICATE OF DEATH

101-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Halligan

(a) RESIDENCE NO. 24 S. Aldemarle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4 1869

7 AGE Years 57 yr. Months Days 13 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED Sweeper

(a) Trade, profession or particular kind of work. Street Cleaning

(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Balto.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER James Halligan

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Bridget Smith

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

PARENTS

14 Informant Baltimore City Hospitals

(Address) Records

1926 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 17, 1926, that I last saw him alive on May 17, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Keller, M. D.

5/18/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Peters Cemetery — DATE OF BURIAL: May 20 1926

20 UNDERTAKER: M. Fahey & Sons — ADDRESS: W. North Ave.

pec.—1-12-23—MAT—500 Blks.

E 10725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10725

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Theresa Cole

(a) RESIDENCE NO. St. Vincent's Infant Asy. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S.

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 12-1925

AGE — Years | Months 6 | Days 4 16 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Gertrude Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant, Sister Madeleine, (Address) St Vincents Inf. Asylum

[illegible] 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 16, 1926, that I last saw her alive on May 16, 1926 and that death occurred, on the date stated above, at 9 35 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos ? ds

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

5/18 1926 Address Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: May 18 1926

20 UNDERTAKER: M. Fahey & Sons. — ADDRESS: W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

(Hantske)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10726 E 10726

CERTIFICATE OF DEATH.

+ 60-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Hantske

(a) RESIDENCE NO. Crown Point Ave. ST. Annapolis WARD Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. os. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Leo Hantske

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Blanche Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Leo Hantske

(Address) Annapolis Md.

Filed 1926 Per [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-24-26, to 5-18-1926.

that I last saw h[illegible] alive on 5-18-26 19

and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma, Lung.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obs. Exam.

(Signed) Edwin M. Hamilton, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md.

DATE OF BURIAL: May 20 1926

20 UNDERTAKER: George M Fink Son

ADDRESS 172 Main N Williams St

Cor.—12-9-25—A Co.—200 Bks.

10727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10727

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 Woodlawn Rd St. 27-6 Ward)

2-FULL NAME Eleanor G. Hanson

(a) RESIDENCE NO. 206 Woodlawn Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Aquilla B. Hanson

6 DATE OF BIRTH (month, day, and year): Oct 22. 1884

7 AGE: Years 41 Months 41 Days 6 25 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Emardt H. William

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Hazlett

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore Co. Md

PARENTS

14 Informant: A. B. Hanson

(Address): 206 Woodlawn Rd. R R

15 Filed ... 19 ... A. HANSON [illegible] Registrar

JUN 8 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows: Tabes Dorsalis

Syphilis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) John H. Morrison M. D.

(Coroner)

5/17 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

Date of Burial: May 19 1926

20 UNDERTAKER: Henry W. Jenkins Sons Co

ADDRESS: Orchard and Guilford

Spec. 1-10-31—M&T—1500 Bks.

(Burchenal)

E 10728 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10728

CERTIFICATE OF DEATH.

+129

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caleb. Burchenal

(a) RESIDENCE NO. 1500 Broom Wilmington Del

(Usual place of abode) ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1 mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced (h)USBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? ? 1877

7 AGE: Years 49. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del -

10 NAME OF FATHER Joseph Burchenal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del -

12 MAIDEN NAME OF MOTHER Mary Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del -

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 18th, 1926, that I last saw h(e) alive on May 18th, 1926, and that death occurred, on the date stated above, at 2:20 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Coronary

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Wald, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington, Del — DATE OF BURIAL: 5/18 1926

20 UNDERTAKER: W. J. Leiper & Sons — ADDRESS: Front & Shipley

Spec.—12-9-25—A Co.—200 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10729

CERTIFICATE OF DEATH.

92

REGISTERED NO. E 10729

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Balto Genl Hospt Ward) 9-7

2-FULL NAME Harry Arthur Hearn.

(a) RESIDENCE NO. 1302 Eutaw St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or ~~Divorced~~. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mrs Maude M. Hearn

6 DATE OF BIRTH (month, day, and year) Jan 30 - 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	43.	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland.

(State or country)

PARENTS

10 NAME OF FATHER Christian Hearn.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Rhodes.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Mrs Maud M. Hearn

(Address) 1302 Eutaw St

Date 1926 C. HAMPSON JONES, Registrar.

Per H.R. St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 · 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 17, 1926, that I last saw him alive on May 17. 1926, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. 6 hrs.

CONTRIBUTORY (Secondary) Embolic Pneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James W. Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery Date of Burial May 20 1926

20 UNDERTAKER: Henry Storck Son ADDRESS 1301 E Eutaw

Spec. 1-10-21 M&T 1500 Blks.

E 10730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10730

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 9-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Rita Herr O.S.F.

(a) RESIDENCE NO. St Joseph's Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept. 10 1850

AGE 75 Years | Months 8 | Days 7 | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious Nun

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

065

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER Michael Herr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Tirsw Kessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Sisters at St Joseph's Hosp

(Address) Caroline & Oliver Sts

Filed 5/18 1926, 19

C. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1925, to May 17, 1926,

that I last saw h[illegible] alive on May 17, 1926,

and that death occurred, on the date stated above, at 9.40 a m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Renal Disease -

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia -

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no -

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clement R. Manner, M. D.

5/17/26 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: May 19 1926

20 UNDERTAKER: Henry Storck Son — ADDRESS: 1501 E Eager St

(Cromwell)

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10731 E 10731

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Bond ST., E-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E Cromwell

(a) RESIDENCE No. 1600 N. Bond st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn Cromwell

6 DATE OF BIRTH (month, day, and year): July 24 1903

7 AGE: Years 22 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer): Russell Bro

(c) Name of employer: Russell Bro

9 BIRTHPLACE (city or town) (State or country): Balt

PARENTS

10 NAME OF FATHER: William Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Camden N. J.

12 MAIDEN NAME OF MOTHER: Mrs May Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio Canton

14 Informant (Address): Mrs M. Cromwell 1600 N. Bond st

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-19, 1926, to 5/16, 1926.

that I last saw him alive on 5-16, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Myocardial Degeneration

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

5-16 1926 (Address) 1 S or 7 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: 5-20 1926

20 UNDERTAKER: Geo. A. Pfeltz

ADDRESS: 1785 Harford Ave

Spec.- 1-10-21 M&T 1500 Bks.

E 10732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 10732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Bush

(a) RESIDENCE NO. 707 Sterling St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Bush

7 DATE OF BIRTH (month, day, and year) 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Jack Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mckeever

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant St Josephs Hospital Records.

(Address)

C. HAMPSON JONES, M. D.

1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/20, 1926, to 5/16, 1926, that I last saw her alive on 5/16, 1926, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinomis of cervix.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary embolism 10 min.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 5/9/26

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & Clinical Hist

(Signed) Arnold L. Jones, M. D.

5/16, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prince Anne M D

DATE OF BURIAL: 5-19 1926

20 UNDERTAKER: Mrs Chas D. Bailey

ADDRESS: 1421 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

10733

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10733

CERTIFICATE OF DEATH.

58-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundel Apts, Charles ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Pickett Marshall

(a) RESIDENCE NO. Charles St. & Mt. Royal Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 31, 1854

7 AGE — Years: 71 — Months: 9 — Days: 17 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Warrenton, Fauquier Co., Virginia

10 NAME OF FATHER: Alexander John Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Warrenton Virginia

12 MAIDEN NAME OF MOTHER: Robb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Warrenton Virginia

Informant: Samuel C. Chew

(Address): Arundel Apts, Charles St.

1926 C. HAMPSON JONES, M. D. Registrar

For ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1925 to May 17, 1926.

that I last saw her alive on May 17, 1926.

and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood examination

(Signed) M. J. Watson Pople, M. D.

5/18, 1926 (Address) 422 Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 19 1926

20 UNDERTAKER: Henry W. Jenkins & Son — ADDRESS: Orchard & Mc Culloh Sts

Spec.—12-9-25—A Co.—200 Bks.

Dr Long Harford Ave + Schaffer Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10734

CERTIFICATE OF DEATH.

90 **E 10734**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1515 E Lafayette Ave St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Streett

(a) RESIDENCE NO. 1515 E. Lafayette Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Richard L Streett

6 DATE OF BIRTH (month, day, and year): Sept 18. 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. (State or country) Md.

10 NAME OF FATHER John Denbar.

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) Md

PARENTS

14 Informant Richard E Streett (Address) Galston Md

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to May 17, 1926, that I last saw h[illegible] alive on May 15, 1926, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 2 yrs. mos. ds.

18 Where was disease contracted (if not at place of death)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Long, M. D.

May 18, 1926 (Address) 278 Harford Ave Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial May 19 1926

20 UNDERTAKER William Cook ADDRESS 502 E Lexington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10735 E 10735

CERTIFICATE OF DEATH.

31

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 No Eldeny ST. 5-2 WARD)

2-FULL NAME Alfred Williams

(a) RESIDENCE NO. 1244 No Eldeny ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of Rebecca Williams

6 DATE OF BIRTH (month, day, and year) Feb 17, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

PARENTS

10 NAME OF FATHER James D. Williams

11 BIRTHPLACE OF FATHER (city or town) Haiti
(State or country)

12 MAIDEN NAME OF MOTHER Marina Plumstead

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Celivia Johnson (sister) (Address) 1244 No Eldeny

15 Filed 5/19 1926 C. HAMPSON JONES, M. D. Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany ..., 1924, to May 16, 1926, that I last saw him alive on May 15, 1926 and that death occurred, on the date stated above, at 12 pm

The CAUSE OF DEATH* was as follows:

Pulm. T.B.C.

(duration) 1½ yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical X Ray

(Signed) ..., M. D.

5/17 1926 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem — DATE OF BURIAL 5/19 1926

20 UNDERTAKER Jas. M. Skinner 1620 E. Broadway — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 10736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-006 E 10736

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 Riggs Ave St. 16-4 Ward)

2-FULL NAME Elizabeth Hennessy.

(a) RESIDENCE NO. 917 Riggs Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest A

6 DATE OF BIRTH (month, day, and year): April 5, 1871

7 AGE: Years 55 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto

10 NAME OF FATHER: Jacob Wilson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary C Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs E C Gibbs

(Address): Washington DC

Rec'd. [illegible] 19 1926 Reg. No. 1

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9, 19 26, to May 16, 19 26, that I last saw h.... alive on May 15, 19 26, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral sclerosis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kenworthy M. D.

, 19 (Address) 24 W Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial May 18 1926

20 UNDERTAKER: Wm Cook ADDRESS 532 E Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10737

CERTIFICATE OF DEATH.

E 10737

1-PLACE OF DEATH

Registered No. C

City of BALTIMORE: (No. 2741 Maryland Ave St. 12-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Edward Rawlings

(Residence in Baltimore: No. 2741 Maryland Ave St.; 22 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single, Married, Widowed, or Divorced.~~ (Write word) Widowed

6-DATE OF BIRTH. September 22 1858
(Month) (Day) (Year)

7-AGE. 67 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) U R & E Co

9-BIRTHPLACE, (State or Country). Md

PARENTS:

10-NAME OF FATHER, James Rawlings

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER, Nancy Hamer

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elsie Rawlings

(Address) 2741 Maryland Ave

15-

Filed 192

C. HAMPSON JONES, M. D.
Registrar.

9 1926 Per RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
and from Final Boat said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Norris M. D.
(Coroner)

5/18 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cem — DATE OF BURIAL. May 19 1926

20-UNDERTAKER, Wm J Dickenson Sons — ADDRESS Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10738

E 10738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 W. Lombard St. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alverta Barry

(a) RESIDENCE. NO. 940 W. Lombard St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Barry

6 DATE OF BIRTH (month, day, and year): May 5, 1852

7 AGE — Years: 74 — Months: 2 — Days: 13 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Thomas C. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pennsylvania

12 MAIDEN NAME OF MOTHER: Elenora C. Glenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ballo Md.

Informant (Address): May Barry 940 W. Lombard St.

Filed 19 1926 C. HAMPSON JONES, M. D. Registrar

By K. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/18/26 19

17 I HEREBY CERTIFY, That I attended deceased from 5/15/26, to 5/18/26, 19, that I last saw h[illegible] alive on 5/18/26, 19, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Chr. Int. Nephl.
Retinal Regurg.

Hrs. Ds. 1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 2 yrs. mos. ds. (duration)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Urine

(Signed) Bennett Tenney, M. D.

5/19/26 (Address) 9 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 21 1926
20 UNDERTAKER: William H Shuman	ADDRESS: 1018 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10739

CERTIFICATE OF DEATH.

169 E 10739

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill on line No. 18.)

1-PLACE OF DEATH Body found floating

City of BALTIMORE: (No. off Masonville. St. 22-1 Ward)

2-FULL NAME Joshua Johnson.(C)

(a) RESIDENCE NO. 407 W.Perry St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ---mos. ---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Drayman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Centreville, Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Lucinda Johnson.(C) niece

(Address) 546 W.Lee St-

Filed MAY 19 1926 C. HAMPSON JONES, M. D. Registrar

Per K.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing Nov. 19, 1925 found May 17, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

5/18 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Date of Burial 5-19-1926

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Old Frederick Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10740

CERTIFICATE OF DEATH.

129 E 10740

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 Hermosa Ave, Hamilton St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Clark Wallace

(a) Residence No. 108 Hermosa Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Married, ~~Widowed, Divorced~~ (Write the word) married

6-If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Olive K. Wallace

7-DATE OF BIRTH (month, day and year) May. 8. 1882

8-AGE: 44 yrs. 0 mos. 8 ds. If LESS than 1 day ... hrs. or ... min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laymaster

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country) Somerset Co. Maryland

10-NAME OF FATHER, George E. Wallace

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Somerset Co. Maryland

12-MAIDEN NAME OF MOTHER, Keturah M. Giles

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Somerset Co. Maryland

(Informant) Olive K. Wallace

(Address) 108 Hermosa Ave, Hamilton

HAMPSON JONES, M. D.

JUN 9 1926 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May. 16, 1926

I HEREBY CERTIFY, That I attended deceased from April 1- 1926 to May 16 1926

that I last saw him alive on May 13 1926

and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis
Arteriosclerosis multi
Hypertension

(Duration) Do not know yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Elmer B. Freeman M. D.

, 19 (Address) 412 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	May. 19. 1926 19
20-UNDERTAKER	ADDRESS
Rugter & Freed Inc	424 N. Broadway

Spec. 10-21 M&T—1500 Bks.

E 10741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nelson Duncan

(a) RESIDENCE NO. Hillcoat, Pa ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colo

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 3 — Months: 6 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa -

10 NAME OF FATHER Judson Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala -

12 MAIDEN NAME OF MOTHER B Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Cas -

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

Filed 19 1926 C. HAMPSON JONES, M. D. Registrar
Per DK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2 1926 to May 17 1926, that I last saw him alive on May 17 1926, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Face

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Jacobus M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10742

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 10742

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Hemple St. ST. 5-W WARD)

2-FULL NAME Susan Dawson

(a) RESIDENCE NO. 1406 Hemple St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dawson

6b DATE OF BIRTH (month, day, and year): Not known 1865

7 AGE: 61 (Years) (Months) (Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 90

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Jas. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Lloyd James

(Address) 1406 Hemple St.

Filed 9 1926

C. HAMPSON JONES, M. D. Registrar

Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1926, to Aug 17, 1926.

that I last saw her alive on Aug 16, 1926.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatism

(duration) 6 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) J. F. Schmuck, M. D.

Aug 17, 1926 (Address) 2226 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: May 20 1926

20 UNDERTAKER: Milton Davis — ADDRESS: 316 N Eden St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10743
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113 E 10743
REGISTERED NO.

City of BALTIMORE: (No. 1026 N. Stricker St. Ward) 16-6

2-FULL NAME Baby Bittners

(a) RESIDENCE NO. 1026 N. Stricker St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7, 1926

7 AGE: Years — Months — Days: 10 — IF LESS than 1 day.....hrs. or....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of indnstry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country): Md.

PARENTS

10 NAME OF FATHER Milton Bittners

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Va

12 MAIDEN NAME OF MOTHER Maggie Kennedy

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Va

14 Informant: Milton Bittners
(Address) 1026 N. Stricker St

15 Filed MAY 13 1926, 19 C. HAMPSON JONES, M. D. Registrar
By: W K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ileo-Colitis
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) yrs. mos. 8 ds.

(Signed) D. T. Hennessy M. D.
(Address) 2702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — Date of Burial: 5-19 1926

20 UNDERTAKER: Joseph A Lively — ADDRESS: 151 Winters ave

E 10744

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 10744

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1537 Myrtle Ave) (S. 14-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret E. Dorsey

(Residence in Baltimore: No. 1537 Myrtle Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) ~~Single~~

6 DATE OF BIRTH Jan 29, 1926 (Month) (Day) (Year)

7 AGE 19 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER Guy Dorsey

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Pauline Davenport

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

(Informant) Guy Dorsey

(Address) 1537 Myrtle

15 Filed MAY 19 1926 HAMPSON JONES, M. D. REGISTRAR

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 18, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to, May 18 1926, that I saw h[illegible] alive on May 16, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 days

Contributory (SECONDARY) Influenza

(Duration) yrs. mos. ds.

(Signed) W. H. Slaughter M. D.

May 19, 1926. (Address) 825 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL W. Laurel DATE OF BURIAL May 21 1926

20 UNDERTAKER Wm. H. Christian ADDRESS 400 Mosher

Spec.—1-12-23—M&T—500 Bks.

10745 HEALTH DEPARTMENT—CITY OF BALTIMORE 101

CERTIFICATE OF DEATH. 101 E 10745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Booker

(a) RESIDENCE No. 1040 Penna ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Unlimarried

6a If married, widowed, or divorced: HUSBAND of or) WIFE of —

7 DATE OF BIRTH (month, day, and year): Sept. 24 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18		22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Prince Edward Va

10 NAME OF FATHER: Albert Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nellie Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Albert Booker

(Address): 829 E 23rd st.

Filed 19 1926 THOMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 16, 1926, that I last saw her alive on May 16, 1926, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ? yrs. ? mos 6 ds.

CONTRIBUTORY (Secondary) Terminal Exposure

& Cold (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. E. Hall, M. D.

, 19 (Address) 2662 3 Dst.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 18-26
20 UNDERTAKER: Mrs. R. A. Elliott	ADDRESS: 125 Ashland

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10746

101-001

CERTIFICATE OF DEATH.

E 10746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 817 N. B'way St. 7-1 Ward)

2-FULL NAME Anton T. Ruhl

(a) RESIDENCE NO. 817 N. B'way St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed or divorced HUSBAND of ~~WIFE~~ of late Frances H. Ruhl

6 DATE OF BIRTH (month, day, and year) Oct 28/47

7 AGE — Years: 78 | Months: 6 | Days: 19. | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. D. L. Hickman

(Address) 817 N. B'way

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MAY 19 1926 Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2 1926 to May 17 1926, that I last saw h... alive on May 17 2.30 P. m. and that death occurred, on the date stated above, at 2 ... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY Chronic Pneumonia

(Secondary)

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

(Address) 3701 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — Date of Burial: May 20 1926

20 UNDERTAKER: Philip Herrig — ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10747

CERTIFICATE OF DEATH.

186-001

E 10747

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. H-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Mrs. Daisy Jensen

(a) RESIDENCE NO. 20 Dorn Av St. Pt. Ward (If non-resident give city or town and State) Sparrows Pt.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 38 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duty

(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

(c) Name of employer: Sp. Point Store

9 BIRTHPLACE (city or town)

(State or country): Va

10 NAME OF FATHER: L. Harlow

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Landon

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

PARENTS

14 Informant: Leo Jensen

(Address): 95 Dundalk Av

Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

By RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fra. A. Skull a accidental

Struck by Engine which ruptured

main to (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) W. S. Paley M. D.

(Coroner)

, 19 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem Date of Burial 5/19/26

20 UNDERTAKER: Jerry A Farley ADDRESS: Fulton & Fayette

Cor.—12-9-25—A Co.—200 Bks.

E 10748

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

E 10748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 701 E. Chase St St., 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hogan

(a) RESIDENCE NO. 701 E. Chase St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: XXXXXX

6 DATE OF BIRTH (month, day, and year): July 10/2881

7 AGE — Years: 44 — Months: 10 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Forelady

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Edward Hogan

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Elizabeth Mayer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs. Kerr

(Address): 1912 W. Saratoga St

15 Filed ....., 19 C. HAMPSON JONES, M. D. - Registrar

19 1926 Per BK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 (Probably) May 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Accidental (Coffee pot boiled over)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Kerr, M. D. (Coroner)

19 5/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: May 20 1926

20 UNDERTAKER: Rife Riedfeld — ADDRESS: 914 Greenmt Ave

Spec.—I-10-21—M&T—1500 Bks.

10749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 10749

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Whittemore Ave. Violet 25-2 ville WARD)

2-FULL NAME Jethro L. Smith

(a) RESIDENCE No. 6 Whittemore Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella V. Smith

DATE OF BIRTH (month, day, and year) Nov. 5, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. McLean 016

(b) General nature of industry, business, or establishment in which employed (or employer) Contracting Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A. A. Co,

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co.

12 MAIDEN NAME OF MOTHER Josephine Mewshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co.

Informant Mrs. Ella V. Smith

(Address) 6 Whittemore Ave.

Filed 9 1926

C. HAMPSON JONES, M. D.

Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to May 18, 1926,

that I last saw him alive on May 18, 1926,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

a to Cardiac dilatation

3 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) auto-intoxication (Intestinal)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms of the death.

(Signed) H. H. Slaughter M. D.

5/19 1926 (Address) 714 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL May 21 1926

20 UNDERTAKER John F. Denny. — ADDRESS 715 Lyon

Spec.—1-10-21—M&T—1500 Bks.

E 10750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Washington Blvd. WARD 21-2)

REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E Thomas

(a) RESIDENCE No. 1111 Washington Blvd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Thomas

DATE OF BIRTH (month, day, and year) may 7 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Darington Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co md

12 MAIDEN NAME OF MOTHER Minnie Creighton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co md

Informant Mrs Louise Thomas

(Address) 1111 Washington Blvd

Filed 19 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 16, 1926.

that I last saw him alive on May 15, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paralysis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bright's.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed ~~diagnosis~~?

(Signed) F. Edw. Sweet, M. D.

, 19 (Address) 910 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL May 19 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 84

E 10751

CERTIFICATE OF DEATH.

E 10751
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lewis

(a) RESIDENCE NO. 726 N. Spring St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lewis

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	38		✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) White Stone Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Emma Monuque

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Henry Lewis

(Address) 726 N. Spring St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Tumor
(Cardiac Hylertrophy- Hypertension-
Adenomatous Thyroid) Autopsy at
Hopkins.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wilson M. D.
(Coroner)

5/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL White stone Warf Va

Date of Burial may 19 1926

20 UNDERTAKER Edward Bryson

ADDRESS 1631 orleans st

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10752

E 10752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No 110 E Hayward ST. 27-2nd WARD)

2-FULL NAME Premature Birth, (Carlton)

(a) RESIDENCE. No. 110 E Hayward ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

10 NAME OF FATHER Leroy Carlton

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Pauline Angel

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

Informant Benj C McCleary
(Address) 400 N Payson St

FILED MAY 9 1926 C. HAMPSON JONES, M. D.
Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to May 18, 1926, that I last saw h alive on May 17, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth
about 7 Month

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj C McCleary M. D.
5/18/26 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt C Cem	5/21 1926
20 UNDERTAKER	ADDRESS
H C Stallings Son	Linwood

Spec.—1-10-21—M&T—1500 Blks.

E 10753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10753

CERTIFICATE OF DEATH.

REGISTERED NO. 3781

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 541 N. Carrollst. (ST.) (WARD) 18

2-FULL NAME James Henry Carter.

(a) RESIDENCE No. 541 N. Carroll St. WARD 18

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mariedonie Carter

7 DATE OF BIRTH (month, day, and year): Jan 2 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75		4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Officer 086

(b) General nature of industry, business, or establishment in which employed (or employer): Md employers Penitentiary

(c) Name of employer: None.

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md

10 NAME OF FATHER: John F. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Foreman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Marie L. Carter

(Address) 541 N. Carroll St

Filed 1-9 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5th, 1926, to May 18, 1926.

that I/last saw him alive on May 17, 1926.

and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonalis.

(duration) yrs. 4 mos ds. ?

CONTRIBUTORY (Secondary): Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 5-1 1926

20 UNDERTAKER: H. C. Brauning Sons

ADDRESS 511 N Schroeder St

Spec.—1-10-21 M&T 1500 Bks.

E 10754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10754

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 22-7 WARD)

2-FULL NAME Stella Height

(a) RESIDENCE NO. 817 Bevan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Henson Height

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Letitha Height

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Baltimore City Hospitals Records (Address)

Filed MAY 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1926, to May 15, 1926, that I last saw her alive on May 15, 1926, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis (duration) yrs. 5 mos. (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay White M. D.

5/16/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL 5/19 1926

20 UNDERTAKER: Albert L. Feetham — ADDRESS Gaithersburg Md.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10755

CERTIFICATE OF DEATH.

20-2 90

REGISTERED NO. E 10755

1-PLACE OF DEATH

City of BALTIMORE: (No. 220 Augusta Ave. St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Kraft.

(a) RESIDENCE NO. 220 Augusta Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January, 15th. 1862

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
64	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City Baking Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Kraft

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Wagner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant J. Henry Kraft

(Address) 220 Augusta Ave.

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May, 16th. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 26 1926, to May 16, 1926, that I last saw h[illegible] alive on May 16, 1926, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. Lloyd Johnson, M. D.

May 17 26 Address Augusta & Frederick Ave's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial May 19 1926

20 UNDERTAKER Joseph A. Cook ADDRESS 1003 N. Bate St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10756
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

21-37 1001

E 10756
Registered No. C

City of BALTIMORE: (No. 872 St. Peters St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. H. Wilson Sr

(Residence in Baltimore: No. 872 St. Peters St.; yrs. 74 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

6-DATE OF BIRTH. Jan 9th (Month) (Day) 1851 (Year)

7-AGE. 75 yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer) United Railway

9-BIRTHPLACE, (State or Country). Balto

10-NAME OF FATHER. James Wilson

11-BIRTHPLACE OF FATHER. (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Rebecca Frazer

13-BIRTHPLACE OF MOTHER. (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet L. Wilson

(Address) 872 St. Peters St.

15. C. HAMPSON JONES, M. D.

Filed MAY 19 1926 By [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 17th (Month) (Day) 1926 (Year)

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypoplexy

at once (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D. (Coroner)

May 17th 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Olivet — DATE OF BURIAL. May 20 1926

20-UNDERTAKER. Peter Mrs. J. W. Teufel & Son — ADDRESS 801 W. Fayette

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10757

CERTIFICATE OF DEATH.

88 E 10757
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 Madison a St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Colburn

(a) RESIDENCE NO. 1615 Madison a ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: colored
5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Colburn

DATE OF BIRTH (month, day, and year): Sept 27 - 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	—	6	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balti

10 NAME OF FATHER: Robert H Carter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto
12 MAIDEN NAME OF MOTHER: Mary Brantley
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Lewis Colburn
(Address): 16 Madison Ave

C. HAMPSON JONES, M. D.

Dec 9 1926 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1926 to May 16 1926 that I last saw her alive on May 15 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Fistula (Rectal)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. W. White Jr. M. D.
5/18 1926 (Address) 1800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem
DATE OF BURIAL: 5/18 1926
UNDERTAKER: Samuel B Beadle
ADDRESS: Mt Ver

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10758 — 129 — E 10758

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 S. 13th St. St., 26 Ward)

2-FULL NAME Steben C. Hayes

(a) RESIDENCE NO. 417 S. 13th St. St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Hayes.

6 DATE OF BIRTH (month, day, and year) April 24-1890

7 AGE	Years	Months	Days	IF LESS than 1 day.... hrs. or.....min.
	36	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John H. Jones.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Kniderwater

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Gilbert Hayes

(Address) 417 S. 13th St.

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16 1926 to May 18 1926, that I last saw h.e.r. alive on May 17 1926, and that death occurred, on the date stated above, at 1:55 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis.

Chronic Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Subjective Signs

(Signed) Francis H. Mackin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial May 21 1926

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

E 10759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10759

1-PLACE OF DEATH

City of BALTIMORE: (No. 902 S. Charles St. St. 23-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma A. Fiedler.

(a) RESIDENCE NO. 902 S. Charles St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. ---

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If ~~married, widowed, or~~ ~~husband of~~ (or) WIFE of: Ernest R. Fiedler.

6 DATE OF BIRTH (month, day, and year): March 30, 1857

7 AGE: Years 68 | Months 1 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Germany.

10 NAME OF FATHER ------ Grahl.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: Albert Fiedler.(son)

(Address): 1232 S. Charles St.

15 1926 C. HAMPSON JONES, M. D.

Per RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

5/18 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: May 20 1926

20 UNDERTAKER: B. Schloman & Son ADDRESS 1039 Hanover St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10760

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Cylburn Court Apts. St., Ward) Entire Space 13-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rachel Scheff

(a) Residence No. Cylburn Court Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Stone

6-DATE OF BIRTH (month, day and year) Sept 10/1850

7-AGE. 75 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

10-NAME OF FATHER. Meyer Scheff

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Fredericka Hentnes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

(Informant) Abraham Scheff

(Address) Cylburn Court Apts

C. HAMPSON JONES, M. D. Registrar.

1926 Per 2488

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 18. 1926

17- I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to May 18, 1926, that I last saw h.. alive on May 18, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis - Senility

Contributory

(Duration) 1 yr. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of 1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis O Mohr M. D.

May 19, 1926 (Address) 5 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bals Hebrew Cemetery — DATE OF BURIAL. May 21, 1926

20-UNDERTAKER. J Ahrens & Co. ADDRESS 334 Fremont Ave

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISIATIVE REFERENCE

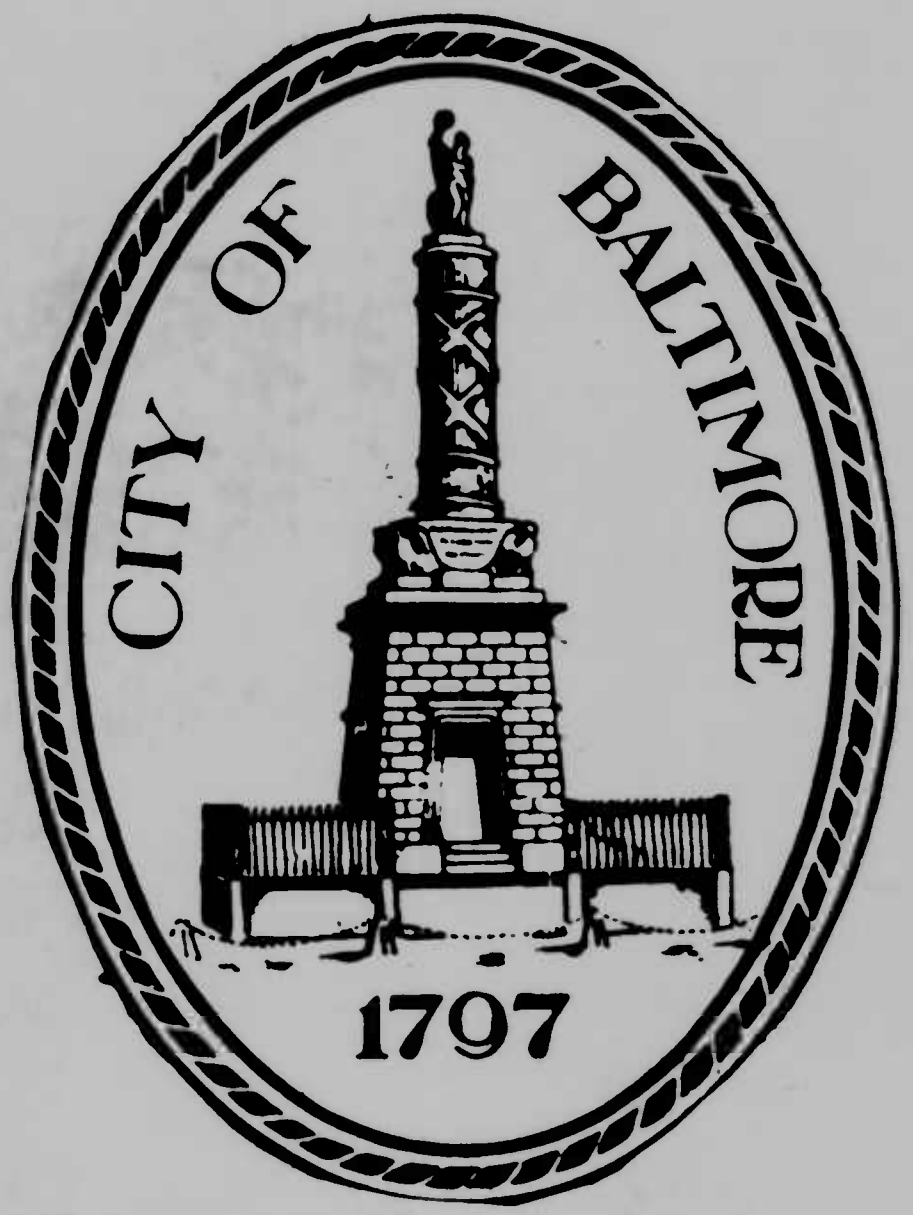
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 30th DAY MAR.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E07507- Feb. 21, 1926 AND
ENDING WITH #E10760- MAY, 1926 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF PUBLIC WORKS
BUREAU OF BLDG. INSPECT. AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL